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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE ON DISEASES OF WOMEN,
DELIVERED AT THE COLLEGE OF PHYSI-
CIANS AND SURGEONS, NEW YORK.

BY PROF. T. GAILLARD THOMAS, M. D.

Reported for the MEDICAL AND SURGICAL REPORTER.
PREMATURE MENOPAUSE; THE OPIUM HABIT.

GENTLEMEN: Our first patient to-day is Mrs. Fanny D—, a native of Germany, and thirty-six years old. She has had two children and one miscarriage; but has been a widow for ten years. Her last pregnancy (when she had the miscarriage), occurred fourteen years ago, and she says she has now been sick for three years. I want you to observe the countenance of this patient carefully, for its characteristics are very significant; and I am sure that any good practitioner, with a fair amount of experience, would have no difficulty at all in arriving at quite definite conclusions concerning such a face, without asking the woman a single question.

Now, for the history which she gives of herself: Three years ago, she says, her courses stopped, and they have never reappeared since. In addition, she began to have severe cramps about the abdomen, and these have steadily continued, while she has also suffered from a terrible sensation in the hypogastric region, which she cannot describe, but which makes her feel, she says, as if "there was a large hole there, which never seems to get filled up." I do not wonder that she is not fully able to describe this feeling, as no writer with whom I am acquainted has ever yet

succeeded in giving an adequate description of it. It is at the pit of the stomach, where is situated the solar plexus, which the old writers used to graphically call the *cerebrum abdominale*, that one experiences the pangs of nightmare after a late supper, and that the intemperate man feels the alcoholic craving, which can only be satisfied by resorting to his accustomed stimulus. It is this great ganglionic plexus which constitutes the origin of the sigh, and which gives rise to those feelings of peculiar weight and oppression which we experience when suffering from any disagreeable sensation. Under ordinary circumstances, however, we are entirely unconscious of the existence of any such *cerebrum abdominale*.

On inquiring if the patient has any additional troubles, we find that she has considerable abdominal enlargement, her person being fully the size of that of a woman at the end of the eighth month of pregnancy, or who has an ovarian cyst of eighteen months' growth. She suffers, also, from frequent epistaxis and headaches of great severity; and this is all, except that all the time she feels utterly miserable and unhappy. This melancholy and depression are so profound that she says her only wish is to die; and you notice that even now, while she speaks, she is weeping, which the friend who accompanies her here tells me is a thing of constant occurrence.

Here, then, is a woman who was perfectly well up to three years ago, when something happened which she laid great stress upon, viz.: the cessation of the menses.

In consequence of real or imaginary suffering she began taking morphia. At first the doses

were small, but afterwards she gradually increased them, until for the past two years and a half she has actually been taking ten grains of sulphate of morphia a day, or seventy grains a week. Each week, she says, she pays \$3.50 for the drug, which must be no inconsiderable tax upon her resources for a woman in her position in life.

You will find opium-eating very common in patients suffering from uterine or ovarian troubles. On account of the painful symptoms which they experience, they take at first a quarter of a grain of morphia night and morning. After a time it gives rise to those peculiar sensations at the pit of the stomach, of which I have spoken, and to relieve which an increased quantity of the drug must be taken. The habit is like a leak in a dam, which, if left to itself, will result in the sweeping away of the whole structure, and thus the vice rapidly progresses until the individual is a complete slave to it. When what is known as the opium craving is once experienced, its demands become almost irresistible.

What has made this woman an opium-eater seems to have been the early occurrence of the menopause. At that time she probably suffered from certain neuralgic pains incident to the sudden and premature stoppage of the menstrual function, and for the relief of these she began taking the morphia. In consequence of the effect of the drug upon the system, peristalsis was stopped in the intestines, and the gaseous disturbance, which, when I practice percussion here, you will observe, is the cause of the abdominal enlargement which has been noted.

You see before you, then, a perfect picture of opium-eating; and in view of the melancholy results here so apparent, I cannot too earnestly caution you against fostering such a habit in your patient. Especially would I warn you never to instruct a patient in the use of the hypodermic syringe. This is the most dangerous method of taking opium, and most of you would, no doubt, be astonished if you could know how many physicians have become addicted to its use in this way.

It is next to impossible for patients of this kind to be cured by the exercise of their own wills, and, therefore, I will recommend this woman to enter the establishment of Dr. Mattison, of Brooklyn, where such cases are treated with great success, and where, as the Doctor has informed me, the large proportion of patients are physicians who have acquired this unfortunate habit. I have not time to dwell upon the treatment that would be prescribed for this patient in

this institution; but will only mention the fact that the opium would be stopped entirely. If this were done for one month, I am confident that the abdominal cramps would disappear, because the opium craving would be gone. When an individual gets in the habit of taking hypodermic injections of morphia for the relief of supra-orbital neuralgia, for instance, the neuralgia is sure to come on when the opium-craving makes itself felt, and it will not be relieved until the craving is satisfied with more morphia.

A patient of mine suffering from disease of the ovaries and the fallopian tubes became accustomed to using 70 grains of morphia a week by hypodermic injections, and I decided to remove the affected organs. After the operation, she was not allowed the smallest particle of the drug in any form for six weeks, and when I last heard from her she was entirely cured of the opium habit. There is no other disease present in this case except the opium habit, and therefore, I think, the patient ought to be treated in some such institution as that of Dr. Mattison. If she will consent to adopt this plan, I am confident her pains will all be removed by the removal of the remedy which she takes for them, and I trust that she will come back to let us see the result at the end of six weeks.

PREMATURE MENOPAUSE MISTAKEN FOR PREGNANCY.

Our next patient is Mrs. Theresa K—, thirty-one years of age, and a native of Ireland. She is married, and has had two children and two miscarriages.

Miscarriages, as I have previously had occasion to remark, are exceedingly common, and it is a rare thing to find a woman who has had five children without at least one miscarriage. It is not at all uncommon to find, as here, the miscarriages equal in number to the births at full term. There must, therefore, be an enormous loss of human life from this cause.

The history which this patient gives of herself is as follows: She has not had her courses for eleven months, and when they stopped, eleven months ago, she thought she had become pregnant. The reasons which led her to suppose this, in addition to the cessation of the menses, were, sickness in the morning, enlargement of the abdomen, pain in the back, and longing for unusual things, such as she had noticed in her former pregnancies, irritation of the bladder, and, finally, movements like those of a fetus. She felt perfectly certain that she was pregnant, and in a healthy married woman, thirty years old, who

had had two children and two miscarriages, and who, consequently, ought to know, there certainly was every reason to suppose that such was the case.

Could the rational symptoms have been more complete? If she had consulted you at the fourth month you would have told her, as I would have done, that she was pregnant; and you would have had a perfect right to do so. Yet the real truth in this case is, that the woman reached the menopause eleven months ago, notwithstanding the fact that she was only thirty years old. There cannot be the slightest doubt, therefore, that all of the symptoms which she has noticed, with the exception of a single one, the abdominal enlargement, were simply the effect of the imagination.

The signal of pregnancy appeared in the cessation of the menses, and all the rest followed as a natural consequence. The abdominal enlargement, which is real, of course lent additional coloring to the idea of pregnancy; but this, I find, is simply due to the increased development of adipose tissue, which so frequently characterizes the menopause. It is, no doubt, from this circumstance, as well as the fact that imperfections in the complexion connected with the function of menstruation often disappear at this time, that the expression, "fat, fair, and forty," had its origin. The abdomen here is fully as large as in the case of the patient who was last before you; but the uterus, instead of showing any increase in size, has already become considerably atrophied, so that the canal is less than two inches in length. Still, you must not forget that notwithstanding the uterus is not enlarged, the woman may yet be pregnant. A few weeks ago, I had the opportunity of showing you a negress upon whom, two years ago, after bringing her before the class here, I operated successfully for the relief of abdominal pregnancy at the Woman's Hospital. With the possibility of such a condition in view, I therefore made a careful examination in this case, and the result enables me to exclude abdominal pregnancy here.

These cases of mistaken pregnancy sometimes place the physician in a very unpleasant situation, and entirely without any fault of his. The only way to avoid such mistakes is by making a physical examination, and this, as a rule, it is not advisable to do unless it is particularly requested by the patient and her family. There is one point to which it may be well to call your attention in this connection, and that is, that women who have unlawfully exposed themselves to the risk of becoming pregnant are exceedingly

apt to imagine that they are *enceinte*. In some instances they become really monomaniacs, and it is almost impossible to convince them that pregnancy does not exist. In our present patient the imagination has worked in a different way, and it is in cases like this in private practice that so much trouble is often occasioned the physician. The more wealthy and influential such a patient is, the more liable is he to be abused if it turns out that she is not pregnant. When called upon to express an opinion in the early part of a supposed pregnancy, you should always say that upon the end of the third month no one can decide the matter by even the most careful examination.

PELVIC HÆMATOCELE.

Our last patient to-day is Susan B., 42 years old, and a native of England. She is married, and has had one child, sixteen years ago. She has never had any miscarriages. She states that she was confined to bed for six months after her child was born, and that the doctor who attended her called her illness inflammation of the bowels. Her present trouble, however, has only been experienced during the last ten months. One night, ten months ago, she says, she twisted herself in bed, and felt a sharp pain in the left side, low down. It was not at the time of her monthly sickness; the flow having ceased two weeks previously. Since this "twisting," she has never been well. She was not confined to bed at first, but she afterwards had to take to her bed, and the physician whom she called in gave her an abdominal bandage. She remained four months in bed, and during the last six months has suffered so much pain that she has been obliged to remain more or less of the time in bed. During this period she has always had her monthly sickness regularly; but she does not suffer at such times any more than she does at others. In addition to the pain she says she feels very weak and miserable.

This is certainly a very curious history. The attack which followed the birth of her child sixteen years ago was probably one of pelvic peritonitis, and it occurred so long ago that it need not concern us now. After that the woman became perfectly well, and remained so until ten months ago, when she wrenched herself while in bed, since which time she has been in constant suffering. Without a physical examination it would be impossible to draw any deduction whatever in such a case as this. Even after having made a physical examination, I am not willing to make a positive diagnosis; but I will, at all events, tell you what was found, and the most

probable conclusion to be derived from the existing condition of affairs. On introducing my finger into the vagina, I ascertained that the cervix was drawn up under the symphysis pubis, and pressed against the bladder; while back of the uterus there was a hard mass, not very sensitive to the touch. Conjoined manipulation showed this mass to be large and wholly immovable. It was this which was pushing the uterus forward and against the symphysis pubis, and it also pressed posteriorly against the rectum.

When the patient wrenched herself in bed, as she has told us, she probably ruptured one of the utero-ovarian veins, and all through the night there was more or less outpouring of blood. A large mass of coagula formed, and the result is this pelvic hæmatocele from which she has been suffering for the past ten months. This condition results more frequently from rupture of the utero-ovarian veins than from that of any other. Such an accident is liable to occur from any unusual strain, just as rupture of the blood vessels in any part of the body. Quite recently I saw an account of the death of the most noted fencer in Paris from cerebral apoplexy, after engaging in fencing practice for half an hour; yet at the autopsy it was found that there was no diseased condition of the arteries whatever.

I have said that I believed this mass back of the uterus to be a pelvic hæmatocele; but let us suppose for the moment that it is not this. What else could it be? First, could it be a fibroid, which has perhaps prevented this woman from child-bearing for sixteen years, and the attachments to which she wrenched while turning in bed ten months ago? As to the failure to bear children, I think the torn condition of the cervix which exists in this case offers the more satisfactory explanation; and as to the wrenching of the attachments of a fibroid tumor, this would not have given rise to constant pain for ten months. Last year a patient consulted me on account of a pelvic tumor, which I made out to be a uterine fibroid; but not long after she came under my care she passed a large quantity of clots by the rectum, and the tumor disappeared. It was, therefore, simply a pelvic hæmatocele. Such I believe to exist here.

What, then, shall we do with our patient? My only advice to her will be to let herself alone and stop going to doctors, as time will certainly cure her. In private practice, however, such a patient would expect some relief, and it would, perhaps, be well to use the faradic or galvanic current twice a week. There is, no doubt, a neuralgic

element in the trouble, from pressure upon the nerves, and this would be relieved by such a course of treatment. Some of you would, doubtless, like to ask why I don't insert a bistoury, or, at all events, an aspirator needle into this mass, and relieve the patient at once. There is a time in the course of almost every medical man when he is anxious to plunge his knife into almost everything that offers the slightest pretext for such a procedure; but I have gotten past that period now. These pelvic hæmatoceles cannot be interfered with without a great deal of risk to the patient, and, consequently, I think this woman had better "rather bear those ills she has than fly to others that she knows not of."

COMMUNICATIONS.

THE INCANDESCENT ELECTRIC LIGHT FOR THE EXAMINATION OF THE THROAT, NOSE, EYE, AND EAR; AN ELECTRIC OPHTHALMOSCOPE.

BY LOUIS J. LAUTENBACH, M. D.,
Of Philadelphia.

(Concluded from page 298.)

It may not be uninteresting, nor is it without the scope of this paper, to consider the various forms of incandescent lamps, and the means of generating the electricity suitable thereto. A very good opportunity of observing the different varieties of lamps was afforded at our Electrical Exhibition a few months ago. Of the numerous incandescent lamps exhibited, it will be necessary to call attention to but a few. In the Bodein lamp, exhibited by Messrs. Queen & Co., the incandescent filament is in the form of a straight bar placed at right angles to the platinum poles. The intensity of current required is low. In the Weston lamp, the filament is a series of undulatory curves; in the Bernstein lamp it consists of a hollow cylinder of carbonized woven silk, shaped like a U, with long arms, requiring, to produce whiteness of light, a very high tension current; in the Edison lamp, it consists of a fine carbonized long armed U, requiring, also, a high tension; in the Swan lamp, it consists of an elongated U, with a round loop situated within the curve. This loop is not present in their lights less than 40 volts; in the Baudet lamp the filament is quite broad in cross section, and is U-shaped; it requires considerable quantity of current of low intensity.

In my work, I have used the Swan and Edison lights; as well as the small lamps of Dr. Starr

(obtained at S. S. White's dental establishment). The Swan light used by me was a nine-volt lamp of slightly more than two candle power; the filament a slight curve 6 mm. in length. The Edison light, which was placed at my disposal through the kindness of a friend, was a 16 c. p. 95-volt lamp, the arms of the U-shaped filament being 7 cm. in length, and separated 2 cm. from one another. The Starr lamps were both of them of about $1\frac{1}{2}$ c.p., the one being a 3.8-volt lamp, the other slightly less; the filaments were slightly curved, one 4 mm., the other 2.5 mm. in length. The employment of the electric-light without the use of any lenses, will often prove satisfactory, the objection to its use in this way being that with the smaller lamps employed the illumination is poor, and the image of the incandescent filament is quite small. A very important question which must be here considered is the production of the electricity to work the lamp. How are you going to obtain it? from a chemical battery, a dynamo, or from either one in connection with a storage battery? Hoping that our electric-light companies might be able to furnish it, I inquired at the offices of the Maxim and of the Brush Cos. At the Maxim's office I found them willing to supply the entire plant, consisting of the lamps, with a dynamo machine to supply them; it would, with the necessary engine, cost several hundred dollars. They were not able to supply lights from their office, but hoped that they would be able to do so some time in the future. At the office of the Brush Company, who own the American rights of the Swan light, I found that they would put in the lights with the dynamo, but that they were engaged in the perfection of storage batteries, which were to be supplied from their arc-light wires. They thought the problem of supplying the incandescent light was in a fair way of solution; that progress was being made from day to day. This company is at the present time supplying the basement of John Wanamaker's Thirteenth Street store with some seventy 8-c.p. Swan lamps by means of the current from a secondary battery, charged from their arc wires. The examination of the lamp on December 6th, 1884, showed it to be a Swan-loop lamp, the straight arms of the U being 2.5 cm. long and 2 cm. from one another, the loop being, therefore, 2 cm. in diameter. The light was of a decidedly yellow color, the intensity of the current being too low to attain the desired whiteness, the light, however, being steady and quiet; the light given forth December 10th was a nearer approach to whiteness.

Not desiring to purchase a plant, I endeavored to employ the chemical battery, and in a measure succeeded. The Grenet battery, because of its high intensity, appeared desirable, but unfortunately the elements soon polarize and its efficiency rapidly diminishes. The battery requires considerable attention; the zincs must be removed from the liquid after using, they must be kept clean and freshly amalgamated, the liquid must be frequently renewed.

The Bunsen battery has also been used for electric lights. It is a battery which in its practical workings is of comparatively low intensity, and is very dirty, too much so to have in one's office. At the Electrical Exhibition it was used to furnish the current for three small microscope lamps of about 1 volt each. Two gallon Bunsen cells were employed, the liquid being renewed but once during the course of the Exhibition, the lamps being used one or more hours every day for some 35 days. The light, because of the low intensity of the battery, was decidedly yellow.

The Leclanché battery is an open circuit battery, also of low intensity. Its employment is attended with indifferent success.

The Fuller battery, as modified by Dr. Starr, is also an open circuit battery, but unlike the Bunsen and Leclanché, is of high intensity, each cell having an electro-motive force of almost 2 volts. This battery has been used for intervals throughout the day for more than three months, without requiring renewal of the plates nor recharging.

The bisulphate of mercury battery has been employed, but runs down too rapidly.

For the $2\frac{1}{2}$ c. p. 9 volt Swan lamp, I employed 6 to 12 half-pint Grenet cells, coupled for intensity, giving me, therefore, when the battery was fresh and in perfect order, an intensity of about 20 volts. I found that this battery would answer fairly well, using it from 30 to 45 minutes per day, actual working time, for about a week. If after this it was used without renewal of the fluid, it could not be depended upon, the lamp perhaps burning well for a moment, and then becoming dull red.

The $2\frac{1}{2}$ c. p. Swan, when supplied by three half-gallon Fuller cells, gave a fairly good light, apparently steady after the battery had been used for more than three months. Had I been able to employ four of these cells, I do not doubt but that the whiteness of the light would have approached, and perhaps equaled that obtained from twelve fresh half-pint Grenets.

For the $1\frac{1}{2}$ c. p. 3.8 volt Starr lamp, I made use of four Grenet cells, half-pint each, and found

the light thus obtained of a beautiful whiteness. When, however, the battery had been employed for about thirty minutes daily, after six or seven days the light became yellow and not to be relied upon, the battery requiring fresh fluid.

The 16 c. p. 95 volt Edison light used by me, was supplied from a dynamo machine, and gave a most beautiful light.

Objections which have been urged against the employment of the electric light in examinations of the human organs are: first, the great heat; secondly, the intensity of the light; third, the sharp shadows occasioned; fourth, the presence of the sharp image of the incandescent filament wherever the light is thrown; fifth, its unreliability; sixth, its expense.

Taking up these objections seriatim, we will discuss first the question of the excess of heat. The incandescent electric light is peculiarly free from appreciable heat, provided the lamp has been well made, the vacuum being good. This is because there is no combustion. There is nought but an incandescent filament of carbon suspended in a vacuum. There is in fact so little heat created by the well-made lamp that it was only with difficulty that the rhinoscopic mirror could be heated sufficiently by the 16 c. p. 95 volt Edison, to prevent the deposition of moisture.

The second objection mentioned was the intensity or the brilliancy of the light. As yet, this has caused me no inconvenience. On one occasion I used the 16 c. p. 95 v. Edison steadily for an hour, giving forth a most brilliant bluish-white light, using it for the examination of a friend's eyes at least half that time, with a peculiar absence either of momentary blindness, or the least irritability occurring either in my friend's or my own eyes. This examination was made between 10 and 11 p. m., after a full day's work, and was followed the next morning by a feeling of utmost comfort in both cases. Since this was written, I at night examined the left eye of a friend with the $1\frac{1}{2}$ c. p. Starr light continuously for more than an hour, not only with no inconvenience to either of us, but with a feeling of the utmost ease, comfort and rest being present the following morning. However, in examinations with an intense white light, one must be careful not to gaze directly at the filament before making the examination, as in that case it will be difficult, because of the inferior intensity of the reflected light, to study structures carefully. This is easily prevented by interposing a shade between the light and your own eye, being careful not to obstruct the rays falling on the reflecting mirror.

The sharp shadows, instead of being a disadvantage, are in many cases very serviceable. In order to understand the reason of this, we must consider the nature of the light we are dealing with. In the electric lamp, we can get the light from a full red to extreme whiteness, the color depending mainly on the intensity of the current. By using a current of sufficient tension to produce a brilliant white light, we obtain not only the light from the incandescent filament, but we also have a less intense violet-white light occupying the entire globe of the lamp. If we look at an incandescent light, this luminous sphere may be so intense as to prevent us from seeing the filament. When the electric light is reflected upon the membrana tympani, or upon the retina, or upon the structures of the posterior nares, we notice the image of the filament very distinctly; this is surrounded by the illumination derived from the vacuum (if it may be so called) surrounding the filament. This general illumination may be used as readily as gas-light; the special illumination being used for the throwing of shadows, thus studying elevations and depressions, and for the more particular study of the structures. By throwing the bright image at various angles, we can not only overcome the shadow at any particular portion, but we can also study the more carefully any variations from the general curvature of the parts. By means of the shadow the curvature of the turbinated bones can be studied much more satisfactorily. The shadow is also of considerable advantage in ear work, by giving us a more correct idea of any irregularities or variations in the curvature.

The fourth objection mentioned was the constant presence of the bright image of the incandescent filament, whether the light was used alone or in connection with a Mackenzie or a Tobold; whether beside a rhinoscopic or laryngeal mirror was employed. This fact has struck me as a peculiar advantage; it can be utilized, and will, I think, do us good service. As before mentioned, the bright image is surrounded by a less intense, but more general illumination. In this general illumination the lines of the image stand forth sharp and clear. This bright line enables us not only to study special structures, such as the macula lutea, the porus opticus, and the blood-vessels of the eye more thoroughly; but also if the image of the light be for part of its extent a straight line, it enables us to appreciate and estimate the degree of curvature of surfaces. Any elevation or depression present within the eyeball deflects the line of light; in posterior

staphyloma there is a marked change in the direction of this line; the depth of the porus opticus is revealed by the angular deviation of the line; a slight elevation of the nerve is easily discovered by the same means. By means of this line, the degree of retraction of the membrana tympani and its curvature can be studied; in rhinoscopic examinations, the line is valuable for the same reason. In laryngeal examinations I have not found it of any service.

The unreliability of the light is, I think, at present a valid objection. It is, however, not the lamp which is at fault, but the batteries. All chemical batteries are troublesome to have about, many of them give off acid fumes, and besides require considerable attention, running down rapidly; but by the employment of double fluid batteries, which are fairly constant, the light can be made to be much more reliable.

At present, electric lights are expensive, not because of the original cost of the lamp itself, but because chemical batteries are expensive. There is, however, some hope of relief. At the present time, our electric light companies are keeping up steam all day for the running of their dynamo-electric machines at night; the cost is but little less than it would be were they to run them all day. There is no reason why the current should not be produced during the day, and be stored up to be employed as necessary. There would be thus be a direct saving effected. Physicians could be supplied in this way at a moderate expense, and would then have a reliable current.

Considering, now, the advantages of the electric light, we have, first and foremost, its approach to daylight—its whiteness. In all other artificial lights, with the exception of the calcium light, the yellow rays preponderate. Yellow rays are a decided disadvantage. So apparent was this to Wm. R. Wilde* that in his treatise on ear disease he writes, "Shades of vascularity produced by inflammation or congestion, speckled opacities, minute points of morbid deposit, and slight ulcerated abrasions, want of polish, and loss of transparency, etc, cannot be detected" by the artificial light. In the white light of the incandescent filament there are no yellow rays, and the illumination resembles very strongly a good day-light. Of course, if the current traversing the filament be not of sufficient intensity, we may have yellow light. A second advantage is its brilliancy or intensity. This brilliancy is so intense as to allow us the more readily to recognize slight changes; this is marked in ear examina-

tions. By means of this light the rhinoscope image becomes very much more distinct, and the membrana tympani shows slight changes not otherwise discernable.

There are two advantages possessed by this light which are often considered objectionable. I refer to the fact of the light casting strong shadows, and the presence of the image of the filament in the part illuminated. Having above set forth why I consider them as aids in examination, it is not necessary to say more.

The vitiation of the air by gas is a material objection, which is particularly noticeable in the dark-rooms of our eye dispensaries. The electric light would render the dark-room more bearable, and the headaches, so frequently occasioned, would be much less common.

For the larynx and posterior nares, Dr. Starr's or Dr. Seiler's laryngoscope, or Trouve's photophore, or the lights placed in a Mackenzie or Tobold condenser, can be employed.

The illumination of the ear is best attained by means of a small lamp placed close to the speculum, the lamp enclosed in a shield or cap, with a small round opening; if a large lamp be at hand, the employment of the head mirror to reflect the direct rays into the ear is not to be despised.

For the eye, the direct rays obtained from a large Edison or Swan lamp reflected into the eye prove of great service. These large lights are not always obtainable, and then the electric ophthalmoscope, before described, will be found to be of use.

In purchasing a light, those ranging from $\frac{1}{2}$ to 3 c.p. of not more than 10 volts, should be selected from. Lamps of larger size cannot at present be employed without the use of a very large and expensive battery. Filaments of the Bodein, Baudet, Edison, and Swan patterns should be employed.

To run lamps of the size indicated, requires from 2 to 16 half-pint Grenet cells, or 4 half-gallon Fuller cells. If the battery is to be employed for the light alone, the Fuller cells should be bought.

For general use, a Baudet 9 volt lamp run by 4 half-gallon Fuller cells, is, perhaps, the most satisfactory that can be purchased at present.

When we all can have storage batteries charged by our electric light companies, we will be able to employ lamps of greater length of filament and of greater resistance, and will then become the more conscious of the advantages of the electric light over all the other lights for medical examinations; and they will then be as common as the Argand burner is to day.

* Diseases of the Ear, 1853, p. 69.

I can do no less than acknowledge my indebtedness to Dr. Wm. H. Burk, for assistance kindly rendered during the course of this paper.

DILATATION OF THE SPHINCTER ANI IN DISEASES OF THE RECTUM.

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In several recent journals I have noticed dilatation of the sphincter ani recommended by French surgeons as a new method for the treatment of hemorrhoids. There is nothing new in the operation, which is described at length in Allingham's excellent work on rectal diseases, where the credit of bringing the method before the profession is given to Verneuil.

Allingham also points out as the cases for which dilatation is best suited, those in which the hemorrhoid is constricted by the spasmodic contraction of the sphincter; while in those cases which are attended by relaxation of the sphincter, the operation would only do harm.

Taking this for my text, I propose to show that in other affections in which we find spasm, or at least too powerful contraction of the sphincter ani, the operation of dilatation is of use, by putting the muscle at rest.

A butcher, aged 26, came to me for relief from an attack of piles. He had been subject to the disease for years; usually suffering from an acute attack twice a year. Some years since I injected a large hemorrhoid with carbolic acid for him, with the effect of giving him more pain than he had ever suffered previously, and confining him to his bed for nearly a week, while the hemorrhoid was not benefited in the least.

This time I found an internal hemorrhoid tightly grasped by a spasmodically-contracted sphincter. He experienced so much difficulty in emptying his bladder that he requested me to see if he were not affected with stone. Prof. Gerhard administered an anæsthetic, and I forcibly dilated the sphincter ani to its fullest extent, carefully going round the whole circumference until every portion of the muscle was completely softened, and the anus replaced by a large gaping orifice. Some soreness was felt after recovering consciousness, but the next day, and each day subsequently, he was back at his stand in the market, not losing an hour on account of the operation. For a few days he had to attend promptly to the calls of nature, but after that he regained full control over his rectum, and at no time was he seriously inconvenienced by its temporary paresis.

The pain of the hemorrhoids was at once and completely relieved by the operation; though I dare not go so far as the French surgeons, and affirm positively that it will never return. But the most striking feature of the case is that the difficulty in emptying the bladder was also relieved completely by the same operation; and it occurs to me that in some cases of vesical tenesmus dilatation of the sphincter ani might give relief. This is made more probable by the history of my second case.

The four-year-old son of the man whose history I have just given was seized with colic some weeks after his father had been operated upon. For ten days I gave him anodynes, laxatives, and carminatives; and in spite of them, the poor child cried with pain a large part of each day. Careful examination revealed no adequate cause for the pangs, and I was about to express the opinion that he had a foreign body impacted in his intestinal canal, when the mother told me he had to strain a long time before he could urinate. I endeavored to introduce a sound to examine his bladder; but not succeeding, on account of his resistance, I passed my index finger into his rectum to obtain some information as to the state of his bladder in that manner. I found nothing abnormal; but on withdrawing my finger, he ceased his cries, and the colic was cured. Nor did the pains alone disappear, but the straining to urinate also ceased; and since then he has no difficulty whatever in promptly emptying his bladder.

A gentleman came to me for relief from a fistula in ano. It was a complete fistula, the external opening an inch from the anus and the internal so high up the rectum that I deemed it imprudent to cut. I therefore administered an anæsthetic and dilated the sphincter with my thumbs in the same careful and thorough manner as in the preceding case. I then introduced an elastic ligature, drew it tight, and fastened it with a pewter clamp. Unfortunately, I pinched the cord too tightly in the clamp, and three hours after the operation it broke, and clamp and cord came away. Owing to the pressing nature of the gentleman's business, it was a month before he could come to me to have the operation repeated. On examining the fistula, I found it had healed completely. As the elastic cord can hardly be held to have any healing properties, I can only believe that the cure resulted from putting the sphincter at rest by dilatation.

One other spontaneous cure of fistula in ano has occurred in my practice.

A young married lady came to my office with a

complete fistula opening on the labia majora, nearly two inches from the anus. A hard, cord-like sinus could be felt under the skin leading back to near the sphincter margin. In examining the case, I used a rectal speculum, which dilated the anus painfully. The day was appointed for the operation, the patient came, but the external opening had closed. Not having some apparatus I wished, she was told to return in three days. When I examined her then, I found the internal opening had also closed, and the sinus was disappearing. In a word, the fistula was healed spontaneously. Not until the preceding cases occurred could I comprehend why this fistula healed, as I had not even passed a probe through it, nor done anything else which could set up a curative degree of inflammation.

Of the effect of dilatation in curing simple fissure of the anus I need not speak at length; the merits of the procedure in this painful affection being well known to every physician. The close relation of the sphincter ani with the sphincter vesicæ is apparent. Both are supplied with nerves from the sacral plexus. It is impossible to produce voluntary contraction or relaxation of either without the other. Spasm of the one induces a similar condition of the other. Hence, the inference seems justifiable that dilatation of the sphincter ani would relieve spasm of the sphincter vesicæ; and this is borne out by the history of the first two cases related above.

HOSPITAL REPORTS.

A CLINICAL LECTURE.

BY WM. H. WATHEN, M. D.,

Professor of Obstetrics and Diseases of Women and Children in the Kentucky School of Medicine.

Reported by ALLEN KELCH, M. D.

Sterility.

GENTLEMEN.—This woman, Mrs. P., 25 years of age, was referred to me by a professional friend. She has been married about four years, and has never been pregnant. She has until the last year been regular, both as to time and quantity, in her menstrual functions. Since then the flow has been diminished very much, at times only staining her linen. Otherwise there is nothing in the subjective history that points to any abnormal condition. She bears the appearance of a healthy woman, and she complains of no suffering. Her husband, a stout, vigorous man, says he has never had any constitutional disease, nor any disease of his generative system. Sexual connection has been perfect, both having desire and pleasure; yet after four years of married life she has not conceived—so there must be some fault with

her or with her husband, which, it is my purpose to discover, and, if possible, correct. I feel an especial interest in this case, for the reason that this woman and her husband are anxious to have children, and, as a conscientious physician, appreciating the moral as well as the professional responsibility that rests upon me, it is my duty to do everything I can to bring about a successful result. The moral aspects of the subject of sterility may be matters of serious importance, and I wish in this connection to call your attention to the great evil of the present day, practiced in every station of life throughout this great country—the prevention of conception and the destruction of unborn life.

This is collateral to the subject which I desire to discuss, for the reason that people who practice the prevention of conception or abortion are, while potentially fertile, practically sterile. There should be no necessity for me to attempt to urge upon you the great moral and professional evil of practicing abortion, for that ought to be well recognized in all respectable society; however, let me remind you that there is a great obligation resting upon you in this particular, for the reason that you will be importuned by husband or by wife, by married as well as single, to produce abortion yourself, or to give directions by which others may accomplish it. Let me say to you, that no physician, under any conditions, without sacrificing his manhood as a physician, can countenance the production of abortion, and that it is his duty to discontinue it on every occasion. It would be an insult to your intelligence to dwell upon this subject.

But I will now refer to the habit of preventing conception, the line of demarcation between which and the destruction of unborn life, the moral philosopher can scarcely draw.

There is nothing about which the moral nature of woman is so warped as that which concerns her duty in regard to childbearing; women who are otherwise intelligent and moral, reputable members of society and of church, will not hesitate to persist year after year in preventing conception. You will often meet with women who will reason intelligently upon every other subject, but are deaf to all argument upon this. I would not detain you to speak upon this subject if you could find the proper consideration of it in textbooks. It is a subject to which authors give too little attention.

The prevention of conception is a violation, not alone of the laws of morality, but likewise of the laws of nature; it is destructive alike of the morals of married life and of the physical and mental health of the husband and wife.

If we consider the history of this question, we find that the prevention of conception has been condemned and punished from the earliest history of the world: the fate of Onan, you well know, and his sin of withdrawal before his semen was deposited in the vagina, was the same that is now practiced everywhere. Numerous other instances are given in sacred history where God has punished mankind for the commission of this evil. The very first command God gave to Adam and Eve was, "Be fruitful and multiply, and replenish the earth." A like commission was given to

Noah, and many other instances might be drawn from sacred history. The Bible is full of evidence of the will of the Creator upon this subject, and that every violation of that will has been severely punished. In the New Testament, St. Paul advocates and urges the same doctrine. There is nothing that is more likely to result in disease, not only of the woman, but of the man, than indulgence in this practice.

I recall to mind a patient who recently consulted me, suffering from nearly all the multitudinous forms of reflex nervous disturbance, with enlargement of the uterus and a constant leucorrhœa.

The uterus, the vagina, and the vulva were in a hyperæsthetic condition, and her mind on the verge of insanity. Her husband has, for the last two or three years been insane. On inquiry, I learned that after the birth of their last child, now 12 or 14 years of age, they agreed that they would have no more children, and upon consulting with a physician, were advised to prevent conception by withdrawal before the emission. The moral effect of this upon the woman and the man is nearly identical with that resulting from masturbation. The physical disturbance is even greater when the organ is withdrawn at the beginning of the orgasm. The vasa deferentia remain partially filled, the connection being incomplete and unsatisfactory, and causing the husband to have a more frequent desire for sexual connection than is healthful. The failure to deposit the semen in the vagina doubtless leaves a state of congestion of the female organs that may sometimes remain until a repetition of this incomplete connection. A final result is engorgement, possibly displacements, hyperplasia, and kindred conditions, entailing various nervous disturbances of the system.

Pardon me, gentlemen, for this extensive digression.

Examination of the patient before us shows the uterus to be about normal in size, but the os uteri is small, and the cervix projects too far into the vagina, and is conoidal in shape. The immediate indications are that the sterility in this patient results from a fault in the woman, not only from this abnormal condition at once detected, but also for the reason that her menses are now materially lessened, indicating probably some ovarian incapacity; however, as soon as an opportunity presents itself we will make a microscopical examination of the semen of her husband, to determine whether it contains living spermatozoa.

The treatment of sterility is, of course, to remove the cause, if possible; and as a cause apparently sufficient exists in this conoidal cervix and contracted os, together with ovarian disturbance, we will direct our treatment to the removal of these conditions.

We will prescribe hot vaginal injections of two gallons of hot water every night during her intermenstrual period, and will give her the following prescription:

R. Ext. centurise benedic,	℥iiss.
Ext. ergotine,	℥j.
Ext. cannabis ind.,	gr. viij.
Zinci phosphidi,	gr. j.
M. ft., capsulæ No. xxx.	
Sig.—One three times daily.	

Is it necessary to add that a change in the shape of the cervix must be made? The treatment formerly resorted to in order to accomplish this consisted of dilatation with sponge, sea-tangle, or tupelo-tents, or by slight division of the external os. This, experience has taught, is seldom successful, the os returning to its original size and shape, and the cervix remaining unaltered. Occasionally the shape of the cervix has been changed by amputation of a small portion; there is an operation that will accomplish this in nearly every instance much better and with less risk to the patient. I refer to rapid dilatation of the cervix by means of metallic dilators. I have been in the habit for several years of practicing rapid dilatation with Atlee's dilator, at my office, for sterility, dysmenorrhœa, menorrhagia, and metrorrhagia, and for the purpose of enabling me to make an application directly and easily to the lining membrane of the uterine cavity. The pain of the operation is trifling, and I have never seen the least unfavorable result. It is much safer than tents, for the reason that after their use we often have metritis or pelvic cellulitis or peritonitis. I have never had any of these complications after rapid dilatation. We will then first dilate this cervix to the full capacity of this dilator, which may open the os enough to allow semen to enter into the uterine cavity, and may also modify to some extent the shape of the cervix. If after a few months this woman does not conceive, and has not received material benefit in her local condition, we will then practice rapid dilatation with a large dilator, that will open the cervix as wide as an inch or an inch and a quarter. This is done by first introducing into the rectum an opium suppository, or by giving a hypodermic injection of morphia, after which the woman is placed under the influence of an anæsthetic, and the cervix dilated to the extent desired. This not only opens the os so that it seldom returns to its contracted condition, but changes the shape of the cervix, and if there be flexion tends to straighten that. When the circular fibres of the cervix are dilated, it is of course at the expense of the longitudinal fibres; thus it shortens, straightens, and entirely changes the shape of the cervix. Possibly in a few instances it may become necessary to make superficial quadrilateral incisions into the external os. This operation has been practiced many times by Prof. Goodell, of Philadelphia, with no unfavorable complication. You can dilate with Sims' large trivalve dilator, or the large-sized Ellinger's bivalve. If this treatment thoroughly done fails to produce fertility in this woman, then it is doubtful if anything can.

[The dilator (Atlee's) was then introduced, and dilatation to the full capacity made—Rsp.]

(To be continued.)

—It has been determined to spend the very liberal sum of \$600,000 in creating new scientific buildings in connection with the University of Turin. Half that sum will be provided by the Provincial and Communal Councils of the city, and the other half by the Government, with the sanction of the Italian Parliament.

MEDICAL SOCIETIES.

PHILADELPHIA NEUROLOGICAL SOCIETY.

(Continued from page 303.)

Case 4. Dr. A. A. Y., male, *et.* 65, resident of Hammonton, N. J. Examined the patient with Dr. S. Weir Mitchell on January 16, 1885. For the substance of the following notes I am indebted to Dr. Woodnutt:

History of patient: Family history excellent. He had always been strong and hearty during youth and up to 1865, though a hard-working farmer. An army life, and three years of extreme exposure prior to the close of the war, found him suffering in 1865 from sharp, wandering pains in the upper and lower extremities; never noticed, however, in the articulations. Loss of power followed in the right leg. Three years later suppurative arthritis attacked the metatarso-phalangeal articulation of the right great toe, and last phalanx of left ring-finger, sequestra coming away in each instance.

During 1870 the patient first noticed an oedematous swelling of the right elbow; following shortly upon this, the wrist-joint of the same arm gradually and painlessly enlarged. Then a distention of the capsule of the right knee-joint succeeded. The enlargement of the latter articulation was more rapid than either the wrist or elbow. Rheumatic pains in the joints accompanied the swelling and deformity.

The left limb has been comparatively exempt from pain. Recently, however, the capsule of the knee-joint has become distended and elastic. The elbow tumor has diminished somewhat in circumference during the past four years.

During the past year the distal phalanx of the right index finger has gradually atrophied, without inflammation, and is entirely wanting. The nail and finger end are normal, though somewhat shortened. Pain at present is chiefly in both feet, paroxysmal and erratic, often attacking corresponding points on the legs.

The present appearance of the right elbow and left knee-joint enlargements exhibit an irregular nodulated hypertrophy, bearing no resemblance to normal joint outline, and consisting chiefly of osteophytes and abnormal increase of synovial fluid. Motion preternaturally free in all directions; structure of joints apparently entirely destroyed.

Remarks.—The joint lesions first appeared in this patient after ataxia had become established. The appearance of the affected elbow and knee is that of an enormous nodular hypertrophied mass of bone, doubling their normal circumference, associated with synovial distention of the capsule. Osteophytes readily movable within the capsule, and varying in size from a pigeon's egg to that of a turkey's.

The atrophy of the distal phalanx of the right index finger is especially to be noted, it being the first instance of complete absorption of the diaphysis of bone that I have had an opportunity of observing.

Case 5. W. H. McC., male, *et.* 38, married. Admitted to the Orthopedic Dispensary of the University Hospital in July, 1883.

Hereditary history excellent; no evidence could be obtained of articular disease, rheumatism, or phthisis, in any member of his family. He presented at date of examination the appearance of a healthy, well-nourished man. He has always worked industriously at his trade of plumber. A moderate drinker. He had constitutional evidence of syphilis, following a chancre contracted in 1863.

The patient attributes the present enlargement of the right ankle-joint to an injury received while working in a cramped position. Following this strain, the ankle became suddenly discolored and swollen, bursting the buttons from his shoes. He was incapacitated for work during the succeeding four days; at the end of a week, the discoloration and swelling had about disappeared. His attention was then first directed to a bony enlargement of the right ankle-joint. This slowly and painlessly increased in size, without any appreciable interference with locomotion. At present examination, the enlargement resembles a simple hypertrophy of the lower epiphyses of the tibia and fibula. The outline of the joint is globular, with slight elasticity of capsule. No pain or reflex muscular spasm.

Record of Spinal Symptoms.—Complains of darting pains about hips. Has difficulty in walking at night. Sways with closed eyes. Complete absence of patellar reflex on both sides. Dr. Horatio C. Wood saw him with me in October of 1883, and pronounced him ataxic.

Remarks.—This case presents an arthropathy that apparently followed a direct traumatism to the affected limb. From careful interrogation, I determined that the acute swelling and ecchymosis resulted from rupture of a varicose vein, inasmuch as these were numerous, and greatly engorged, about the affected ankle. The first attracted his attention to the ankle, the deeper bony growth being detected when the active symptoms of subcutaneous swelling had subsided. The hypertrophy of the joint has increased the circumference four and a half inches over its fellow.

Case 6. A specimen of shoulder-joint arthropathy, lately removed at an autopsy held upon the body of a well-marked ataxic, has been referred to me by Dr. S. Weir Mitchell, to embody in this report. The joint had become suddenly and painlessly enlarged in the later stages of the central lesion. It presented ante-mortem all the characteristic symptoms of a tabetic arthropathy; distention of the capsule, abnormal mobility, and the presence of osteophytes. The joint, upon examination, presented the following:

1. Cartilage covering head of humerus eroded; that upon glenoid cavity irregularly thickened.
2. Anterior margin of glenoid cavity worn away, allowing the head of bone to rest in position of forward dislocation.
3. Osteophytes abundant about junction of capsule with anatomical neck. Marked relaxation of ligamentous structures, and distention of capsule.
4. General hypertrophy of epiphysis, somewhat nodular at margins. Evidences of hydrarthrosis.

The practical deductions to be drawn from a clinical study of the above somewhat anomalous cases, may be briefly summarized as follows:

Period of Development.—1. The tabetic arthro-

pathies may occur independently, or precede the active symptoms of locomotor ataxia.

2. They occasionally develop suddenly, late in the course of a posterior spinal sclerosis.

Nature of Lesions.—The peripheral expression of central nerve irritation is characterized by the following changes found in the structure of the various articulations.

1. A chronic asthenic hyperæmia of the synovial membranes; a hydrarthrosis.

2. An interstitial atrophy of the epiphyses.

3. A fungous or rarefying epiphyseal hypertrophy.

4. The formation of osteophytes and bony stalactites.

These various joint expressions characteristic of the spinal arthropathies may exist separately; but are usually combined in the same subject.

Differential Diagnosis.—They may be readily distinguished from the common inflammatory lesions of the epiphyses by the total absence of the reflex neural phenomena—i. e., of pain, both reflex and local, the apprehensive state regarding joint movements and the reflex or tetanic spasm of the muscles, always associated with joint arthritis. Abscess is never directly associated with the arthropathies, unless incident upon direct traumatism.

They are more difficult to differentiate from malignant disease of the articulations; but a careful inquiry into the history and course of the lesion, and the presence or absence of central disturbance, are our most reliable guides.

Course.—The progress of the arthropathies is essentially chronic. Occurring early, not infrequently, in the history of the tabetic lesion, they slowly increase, with occasional exacerbations, and years elapse before fully matured. A rapidly developing arthropathy may be associated with the later stages of an ataxia. Their course is self-limiting, though never reparative.

Dr. Morris J. Lewis reported

A Case of Locomotor Ataxia with Loss of Teeth and Alveolar Processes.

The following anomalous case of locomotor ataxia has been under my care for three months in the Episcopal Hospital. He is now under the care of Dr. Henry M. Fisher, who courteously allows me to use the notes of the case.

Mr. A., æt. 45, a well marked ataxic for over five years, presents the following history, some points of which seem well worthy of record. Nasal catarrh exists in several members of the family, including himself. During the war he was wounded in the hip and ankle slightly; the wounds healed kindly. He was confined for some time in Libby and Belle Isle Prisons, and since then has never felt strong. He denies having had syphilis. When 39 years of age he began to show the first symptoms of ataxia; these were diplopia, dizziness, and a staggering gait. One and a half years later he began to have lancinating pains in the extremities, and later in the bowels. Five years ago he began to have transient attacks of difficulty of hearing, and this has increased since then until about one year ago, when he became absolutely deaf.

He has always been constipated, and one year ago had slight difficulty in urination. Within

the last seven months he has had severe gastric crises. Eyesight good until the last seven or eight months, except during the first year. Four years ago the symptom for which I present the case to-night first appeared. This was a loosening and a subsequent falling out of the lower wisdom teeth. No pain nor discomfort preceded this, and the teeth were perfectly sound. In fact he had an uncommonly fine set of teeth. After this his teeth gave him no trouble until about seven months ago, when the same change began in the upper jaw, causing the loss of every tooth except the right first molar, which still remains firm.

The sequence of these events appears to be as follows: First, the teeth loosen, then the gums recede, showing in places the alveolar processes denuded, the teeth then fall or are pulled out by the fingers, and finally the alveolar processes separate in small fragments, with slight suppuration, or are detached in larger pieces. The gum then heals. The largest piece of bone thus separated shows the sockets of three incisor teeth, and a portion of a fourth. The teeth show no absorption of their fangs, and are almost without exception perfectly sound. About four months elapse between the loosening of a tooth and the final healing of the gum.

Other points of interest in this case are as follows: The patient is extremely pallid; he has the ataxic gait, although this is not very pronounced. He cannot stand with eyes closed. The knee-jerk is absent, and has been for the last four years. There is no anesthesia of the feet or legs, and the patient localizes touch fairly; there is, however, some analgesia. There is no retardation of sensation. Examination of the eyes shows external strabismus of both eyes. Pupils pinpoint for near accommodation, and relax for distant vision; no reaction to light. Ophthalmoscopic examination shows left eye-ground normal, and but slight atrophy of nasal border of right disk. His sense of smell and of taste is good. There are no lesions in any of his joints to be detected.

Dr. Lambert Ott presented a case of

Locomotor Ataxia with Charcot's Joints.

S. H., aged forty-five years, a traveling salesman. In 1866 he contracted chancre, no secondary symptoms following. In May, 1881, his present disease began with shooting pains in limbs and unsteadiness of gait. In November, 1883, I first saw him and diagnosed his condition as locomotor ataxy. At the present time there is very little missing that goes to make up the symptom-group of this disease. In December, 1883, about two and a half years after the beginning of his trouble, he noticed a swelling of his left ankle. In the morning it seemed less, and in the evening it had increased to such an extent as to cause difficulty in taking off his boot. He had no pain, no impediment in using the joint, and had it not been for the swelling he would not have taken any notice of it. He thinks the swelling reached its maximum in two weeks, and there has been no great variation since, except that in the evening it is slightly increased. At present, his foot is moved normally, but when the back of the leg is grasped and extreme flexion made, crepitation is imparted to the hand; the

swelling is confined to the inner and dorsal surfaces of the ankle-joint, and feels bony. The joint measures in circumference one and a half inches, the leg at midcalf one-half inch, more than the opposite limb. There is no pain or tenderness on pressure or rough usage. He has been under treatment fourteen months, and has taken corrosive sublimate and chloride of gold and sodium. The electrical treatment at first was central galvanization and general faradization, and latterly the metallic brush, with the rapidly interrupted faradic current, with marked improvement.

The next paper was entitled,

Note as to the Comparative Effects of Active Voluntary Exercise, and of Passive Exercise by Massage, on the Production of Albuminuria.

by W. W. Keen, M. D.

At the request of Dr. Mitchell, I desire to call your attention, briefly, to one point of value in the use of massage; heretofore, so far as I know, unrecognized.

A patient, Mr. C. called upon me for relief from quite severe, constant, and long-continued pains in the calves of his legs. During the preceding year he had walked, as a matter of exercise, nearly 2,000 miles, and during the year before that had traveled around the world, making long rides and walks a marked feature of his trip.

In examining his case thoroughly I found that he had an albuminuria, the sediment forming (by heat and nitric acid) a varying bulk, on standing, of say from 3 to 10 or 15 per cent. This albuminuria I found, on further and most careful examination, to be curiously dependent upon exercise. This I finally tested in the following way: I put him in bed for three days and examined three and sometimes four specimens of urine passed at different times in the twenty-four hours. No albumen appeared at any time during these three days of rest. The last examination I made at his house at 1 p. m., on the third day. He emptied his bladder at that hour, and the urine was free from albumen. He then dressed and walked, by a pedometer, a measured mile. Immediately on returning he passed water which had about 5 per cent. of albumen. One hour later it had still a trace; two hours after the walk it was free. The next morning's urine was still free, but that passed at 9.30 a. m., at my office, after walking from his home, a mile distant, had again about 5 per cent. of albumen.

A few days later I employed massage. This was thoroughly done for forty to fifty minutes, by a most competent rubber. Examining the urine immediately before and immediately after the massage, both specimens were absolutely free from albumen. This I tested several times, with identical results.

This is a striking addition to Dr. Weir Mitchell's observations as to the resulting tissue changes induced by massage, and especially shows its value as a means of passive exercise without deleterious effects through nervous exhaustion. I believe the value of the massage to lie in the resulting stimulation to the muscular tissue, and the promotion of its nutrition without such changes of blood pressure and vaso-motor tonus in the muscular coat of the vessels, as induced

the curious albuminuria after voluntary exercise above noted. The very probable nervous origin of albuminuria, as shown by its frequency in cases of long-continued nervous strain, and by the researches of DaCosta and Longstreth, would seem, also, to have a new confirmation by this observation. I regret that I did not at the same time observe the blood pressure by the sphygmograph, as it might have thrown additional light on the unusual facts above detailed.

My attention has also been called by Dr. Mitchell to an article on "Albuminuria as a Symptom," by the late Dr. Calvin Ellis, in the *Boston Medical and Surgical Journal*, 1880, vol. xxv., p. 388.

The following somewhat analogous cases are referred to by him: in one case (Dukes: "The Albuminuria of Adolescents," *Brit. Med. Jour.*, November 30, 1878, p. 794), a young man's urine was normal when in bed. On rising and taking milk only it would continue so, but after eating a piece of bread, the albumen would appear. As he improved while lying in bed, meat could be eaten without any change in the urine.

While this would look to digestive changes as a cause, the so-called post-cibal albuminuria, the following cases are more positive evidences of the effects of exertion in the production of albuminuria:

Edlefesen (*Berl. Klin. Woch.*, September 22, 1879), noticed in three healthy but anemic men transient albuminuria after exertion. Leube (*Virchow's Archiv*, v. 72, p. 145,) examined the urine of a large number of healthy soldiers in the morning, and found it normal, but after a five hours' march or severe exercise, in June, July, and August, with a temperature of 54° to 77° F., it contained albuminuria in 16 per cent., though the amount was small, and never exceeded 1 per cent., and there were neither casts nor blood corpuscles. This could not be detected at a later examination, between 4 and 6 p. m. The same was seen under similar circumstances in army officers in connection with scanty urine, and also in nervous persons (*Fürbinger, Zeitsch. f. Klin. Med.*, 1, p. 345).

"It is most natural to suppose that its presence was owing, either to some variation in the blood-pressure, or to some change in the vessels. The rapidity of its appearance and disappearance makes it extremely improbable that there was any change in the vessels, and we are left with a variation of the blood-pressure. The view that the last might be operative seems to be supported by the statement of Rauke, that the blood accumulates in the muscles of a healthy man during exertion, while it is diminished in the organs which are at rest."

I may mention in the case of Mr. C., in the course of a year the albumen has become constant, though his exercise has been restricted to the least degree consistent with health; but the amount is never over a faint trace. At no time have any casts or blood been discovered. A prolonged sea-voyage is now being tried as a means of cure.

A paper was read by invitation on

Hysterical Affections of the Eye,

by George C. Harlan, M. D.

As it is well known, patients in the psychologi-

cal condition called hysterical, may not only present almost any symptom of disease, without the existence of any lesion to which such symptom could be referred, but sometimes make excursions termed the limits of classical pathology, and puzzle their doctors by originating symptoms that no possible lesion could explain.

It has seemed to me that the eye is an exceptionally pregnant seat of such affections, and that their occurrence there has hardly received the attention from neurologists, or perhaps even from ophthalmic surgeons, that might with advantage, be given to it. The accuracy with which eye symptoms may be analyzed, and the comparative certainty with which material changes in the tissues of this organ may be excluded, afford special facilities for the study of its functional, neurotic disturbances, which may often furnish the key to mysteries in other regions.

It is not my intention to trespass upon your time and patience by an extended discussion of this rather wide subject, but merely to direct attention to it by describing some of the symptoms of this class that have been met with in my own experience. As the shortest way of accomplishing this end, I will consider them in the anatomical order of the parts affected.

The lids are subject to both spasm and paresis of an entirely hysterical character. The former was well illustrated by a case recently published in the *Medical News*, in which violent and persistent blepharospasm, which had resisted other treatment for months, was cured at last by mental impression. The latter occurs in a singular form of transient paresis of the levator, occurring only on rousing from sleep.

The subjects of this affliction complain of a great difficulty, sometimes an entire impossibility, of opening the eye on awakening. In some cases this occurs always in the morning, in some even after a nap during the day, and in others only when aroused during the night, when perhaps the consciousness and will-power are regained less promptly. Such patients say that the lids seem too heavy to be moved by their own muscles, but after they have raised them with the finger, or bathed them in cold water, the difficulty does not recur until they sleep again. My attention was first called to this symptom some ten years ago, and I have met with so many cases since that I have come to consider it not very uncommon. Both eyes are usually equally affected, but in several instances only one was involved. In one of the latter now under my care, the affected lid has a slight degree of granular conjunctivitis, which could scarcely have other than a mental influence as a cause. With one exception, the subjects were all delicate women, some of them nursing. Of course, this is not a symptom to be lightly considered, without a careful investigation of the patient's general condition. The first time that I noticed it, it was one of the earliest indications of intracranial tumor, which, a few months later, caused the patient's death.

Singular action of the external muscles of the ball is so frequently met in nervous subjects that a well-known ophthalmic surgeon has discovered it to be the cause of nearly all the ills that nerves are heir to, and claims to remedy these ills by operating on the muscles. In fact, the external

ocular muscles of hysterical patients are, in a large proportion of cases, not much better balanced than their minds, and, no doubt, decided results may sometimes be obtained by operating at the same time on both.

The most common form of this disturbance is insufficiency of the internal recti, which frequently occurs independently of any error of refraction. When very decided in degree, it may easily be detected by directing the patient to look at some small object eight or ten inches from the eyes, and then holding the hand before one eye. The covered eye, thus relieved from the effect of binocular vision, will deviate outwards. In some cases the preponderance of action is with the internal recti, and in others no two examinations made in different dogs will give the same result.

A spasmodic contraction of one muscle is more rare. I reported the following well-marked case some years ago (*Transactions of the Philadelphia College of Physicians*, '76):

Miss M., a little below par in general health, and of extremely nervous temperament, complained that frequently, and without special exciting cause, as at the dinner table, or at the opera, everything suddenly appeared double, and at the same time it was evident to her that she had lost control of the movements of one eye, which felt as if forcibly turned to one side. On closing the lids and pressing the ball for an instant, the symptoms would disappear. The acuteness of vision was normal, the balance of the external muscles correct, and refraction nearly unimpaired. The correction of an hypermetropia of 75 D. did not prevent the recurrence of the annoyance. Two other patients have complained of occasional transitory diplopia; in one case horizontal, and in the other vertical. These patients occasioned much anxiety at the time—one ten years, and the other about six months ago—but I have seen both recently, and they are in good health. In this connection may be mentioned two curious cases of non-ocular diplopia. In each the symptom persisted for several weeks, but was without physical cause, and disappeared without special treatment.

The case recently reported (*Med. News*) of hysterical mydriasis and paralysis of accommodation, occurring in one eye only, persisting for months, and finally relieved by mutual impression, is, I believe, unique. There can be no suspicion of deception here, as there is no known mydriatic whose effects can be made to disappear so promptly and completely as these symptoms did.

Paresis or spasm of the accommodation, is not unfrequent in neurotic subjects. The latter occurs usually, though by no means always, in connection with some case of refraction which acts as the exciting cause.

Retinal anesthesia is a symptom which often occasions great annoyance to ophthalmic surgeons in testing refraction. Its subjects may at one moment have full acuity of vision, while at the next, with the same glass, it is very much diminished. They say that the letters become blurred and fade away after they have looked at them for a few seconds. The fact that this symptom persists under atropia shows that it is due, not to irregular action of the accommodation, but to exhaustion of the sensibility of the retina.

This condition of the retina makes the typical hysterical field of vision more restricted on the side that is recorded last in the testing. Such fields, the tracing used in discussion of which have afforded much entertainment to the curious, and rarely found the same at any two examinations. A patient recently presented himself at the Polyclinic with complete horizontal hemianopsia of the right eye only. There was complete blindness below the horizontal line. As the ophthalmoscopic appearances were normal, I suspected hysteria. At her next visit the hemianopsia had disappeared from the right eye and appeared in the left, still in the lower half of the field, but with an irregular border. It was several times transferred from one eye to the other, each time with a more irregular outline, and after a few weeks disappeared entirely, leaving the field in both eyes quite normal.

I have met with several cases of colored vision—blue streaks, yellowish, fogs, etc., of transitory character and evidently nervous origin.

Unsteadiness, or even apparent constant motion, of any object looked at, particularly print, occasionally occurs, and, not admitting of our physiological or optical explanation, may be classified as hysterical.

The most striking symptom, and the one that has naturally excited the most interest, is simulated blindness. For obvious reasons of expediency, this is usually monocular. At various times in the last ten or twelve years, I have reported four well-marked cases (*American Journal of Medical Sciences*, October, 1873; *Transactions of American Ophthalmological Society*, 1882 and 1884). Two were cured by exposure, and the others got well without ever knowing that they were suspected—possibly without having suspected themselves. One of them had a history of an attack of complete blindness, evidently of the same character, of both eyes occurring some time previously; and another such case has been reported by Dr. D. W. Agnew (*American Journal of Medical Sciences*, October, 1873).

Various tests have been devised for the detection of simulated monocular blindness. The one most used has been Grafe's pressure test. If the patient can be made to admit double vision when a prism is held before the well eye, vision with both eyes is proved. A very simple test suggested by Narlament may sometimes succeed, and, in his hands, has proved conclusive even as legal evidence. It displaces the axis of an eye by slight pressure upon the ball with the finger, and shows the suspected person two small dots on a piece of paper. If he says there are four, he is at once convicted. It must be remembered that these tests do not show how much the eye can see, and do not even prove useful vision. This can sometimes be done by an equally simple test suggested by Javal. He causes the person to read while a ruler is held three or four inches from the face, and directly in front of the nose. As part of the print is concealed from each eye by the ruler, it can be read continuously only by the use of both. An elegant but most difficult means of detection is afforded by the stereoscope (Schweigger, *N. Y. Med. Jour.*, Feb., '66). A test that has proved very satisfactory in my hands, is one that I first employed in a case reported in the *American*

Journal of Medical Sciences for October, 1873. It consists in placing a strong convex lens before the well eye, and requesting the patient to read prints held considerably beyond its focal distance. If he reads at all, he must read with the blind eye, as the lens used in this way excludes distinct vision from the other as effectually as an opaque screen. Suspicion is less apt to be excited if the trial frames are used with a glass of low power in the other side. This simple test not only establishes the fact of vision, but enables us to determine its degree, and even to measure the accommodation. Three of my patients were detected in this way, in one case, at least, after a careful trial of the prism test had completely failed.

When blindness of both eyes is simulated, we are, of course, deprived of any optical means of detecting it. Etherization, as suggested in an article on malingering by Drs. Mitchell, Morshaw, and Keen (*American Journal of Medical Sciences*, October, '64) might prove successful. They found it so in deafness; and a case of hysterical deaf-muteness was detected and cured in this way, some years ago, by Dr. Hutchinson, at the Episcopal Hospital.

These cases of hysterical blindness offer a curious and most interesting psychological problem. In some there is evidently a more or less deliberate deception, the result of an insane craving for sympathy or personal importance, or the motiveless freak of a disordered mind. Patients of this class are like the fasting girls who develop a superhuman ingenuity in the effort to make it appear that they live without eating. One of the patients referred to, after obstinately maintaining the deception for two years, abandoned it at once on detection. In the case of others, however, the charge of intentional deception can by no means so easily be maintained. Indeed a careful consideration of their other symptoms, their surroundings and their precious good character is almost enough to acquit them of acting a part. I have sometimes suspected that, though they read well enough unconsciously, they might not be capable of conscious vision with the affected eye; that there might be some mysterious derangement of the process of perception—a kind of negative hallucination, if such an expression could be allowed.

Though it is often a comfort, in doubtful cases, to remember that patients are not always what they seem, we cannot be too careful to avoid classifying a case as "nervous" until every possible organic change has been rigidly excluded, or supposing that we have nearly explained our patient's symptoms where we have called hysterical. It is too often true that, as Charcot says, neuroses bear within them the germs of material lesions, and that a disease, apparently nervous, may at any moment become an organic disease.

The ophthalmic surgeon meets daily with patients whose symptoms not many years ago might well have been classified as hysterical, but when the deeper knowledge gained by the ophthalmoscope and optical tests now proves to have a substantial basis for their complaints. Doubtless, the limits of this convenient term will be still further restricted, in proportion as our knowledge of pathology expands and our means of accurate diagnosis are extended.

The discussion on Dr. Harlan's paper was opened by Dr. Wm. F. Norris, who said he agreed with Dr. Harlan in regard to the importance of hysterical eye symptoms. He thought we should be on our guard in making the diagnosis of hysterical eye affections, particularly as central organic nervous disease was sometimes present without optic atrophy or other ophthalmoscopic appearances.

Dr. Wm. Thompson said he was much interested in Dr. Harlan's paper. He had, however, recently adopted a special method of treating hysterical eye affections. He said he had a case some months ago—a woman, who was blind in her left eye. The eye-ground was normal. She had frequent hysterical attacks. She was deaf in one ear, could not taste or smell, temperature abnormal, skin pallid, and there was loss of sensation in one-half of the body. About that time Burquism or metallo-therapy was brought to his attention. He tried it in this case, and found that iron was the metal to which she responded. He put her on this, and she gradually recovered. Her sight returned. This woman's circulation was poor on the left side. He thought that circulatory disturbances were often at the root of these hysterical conditions, and that the application of appropriate metals had a decided effect in such disturbances.

Dr. Wm. S. Little said, in no class of diseases does the physician feel the necessity of knowing how to handle all the "scopes," in order to exclude or recognize diseased conditions, as in these cases of hysteria. It has been my habit to classify these cases as follows: Cases of hysteria manifested in the eye alone, without any lesion in the eye or elsewhere in the body. Cases of hysterical manifestations in the eye, with lesions elsewhere in the body and none in the eye. The same, with lesions elsewhere and in the eye. Another class of cases with hysterical conditions in other parts of the body, due to ocular conditions. The first class of cases are rare, and a few kind words or a little electricity may suffice for treatment; but in the other cases, to decide on the proper plan of treatment calls for more discrimination, and these cases will go from physician to physician till they may even, as the author of the paper says, fall into the hands of the gentleman who divides the internal rectus.

Dr. Wm. Osler mentioned the case of a girl suffering from hysterical blindness in the London Hospital in 1873. Various tests were employed without success. One of the surgeons suddenly held up before her a large frog, which caused her to scream and roundly abuse the doctor, and immediately cured her of her blindness.

Dr. Charles K. Mills said that the tendency, during the discussion, seemed to be to regard all cases of hysterical blindness as due to unmitigated shamming. While simulation was an element in many cases of true hysteria, and while in what might be termed pseudo-hysteria it was the chief or only element, all cases of hysterical blindness, or of other hysterical sensory disorders, were not to be explained in this way. The activity of the cortical areas concerned with conscious perception was in abeyance in many of these cases. Sudden and unexpected impressions aroused these centres to action, and thus ac-

counted for the sudden cures which were regarded as instances of detection of imposture. Imposture was present sometimes, but not always.

Dr. Louis J. Lautenbach said that in connection with the subject under discussion, he would briefly report the following case: A colored woman, 26 years old, a cook, strong, stout, and apparently healthy, presented herself, with a history of sudden loss of sight two days previously. Vision of her right eye was $\frac{3}{8}$; of left eye, counts fingers at one foot. It improved by glasses. The optic nerves were very slightly pale, the vessels normal. Both eyes were hypermetropic: the right slightly more than 2 D., the left somewhat more than 1 D. The left iris was dilated, not reacting to light. She was placed on iodide of potassium, 3 grs. in compound tincture of gentian, three times a day. On the 20th inst. her vision in the left eye was $\frac{2}{5}$; on the 22d inst., $\frac{3}{8}$; and on the 24th, $\frac{5}{8}$. She was profuse in her expressions of gratitude for, as she considered it, her wonderful recovery.

Dr. S. D. Risley said he felt indebted to Dr. Harlan for calling attention to the hysterical affections of the eye. He thought, however, that in ophthalmic practice it was peculiarly difficult to draw the line between hysterical symptoms and those having a distinct pathological basis or a physiological anomaly to explain them. The intricate anatomy of the eye was such as to render its proper performance of function especially liable to be influenced by many derangements of the general system. The state of health underlying the group of symptoms characterized by the term hysteria was especially prone to effect a disturbance of the visual function. The disturbances, however, differed from the ordinary manifestations of hysteria, in that the symptoms had a demonstrable physical cause, were beyond the control of the patient, and were constant during the existing state of health. Thus the feeble innervation of the hysterical patient was liable to diminish the range of accommodation and power of convergence, rendering the comfortable use of the eyes impossible. Again, the feeble or deranged circulation in the hysterical individual may set up a group of symptoms in the eye, presenting many of the characteristics of serious disease—which, however, are not simulated, but are, in fact, a relative glaucoma. While there is no absolute increase of intraocular tension, the normal tension of the eyeball is sufficient to interrupt the entrance of the feeble blood-stream into the eyes, and thus is set up the same group of symptoms as are present in actual increase of tension, viz., inadequate blood supply to the retina, contracted field of vision, impaired central perception, diminished range of accommodation, inability to use the eyes, particularly at a near point.

Dr. J. T. Eskridge presented a paper on, "A Case of Tumor of the Cerebellum with Monocular Hemianopia."

LEWIS BRINTON, M. D.,
Recorder.

—In a recent board of pharmacy examination, in reply to the question, "What would you do in case a prescription had been wrongly dispensed and the patient's life was endangered?" one reply was, "Go to Canada!"

EDITORIAL DEPARTMENT.

PERISCOPE.

Mental Overwork and Premature Disease Among Public and Professional Men.

Dr. Charles K. Mills, on March 19, 1884, delivered the ninth "Toner Lecture," choosing the above for his subject, of which the following is an abstract:

The longevity of intellectual workers in general is first considered, and is found to be above that of most other classes. The inferences and conclusions of the paper are largely based upon a study of sixty cases, especially collected by the author, cases in which loss of health or life had been mainly attributable to excessive brain work and brain strain.

These cases are arranged into two classes:

1. Men in political and official life, including cabinet officers, senators, representatives, department officials, governors, and candidates for office.

2. Professional men, including physicians, lawyers, clergymen, journalists, scientists, and teachers.

The actual occupations were: Cabinet officer, 1; senators, 8; representatives in Congress, 10; department officials, 5; governors, 2; candidates for important offices, 2; physicians, 6; lawyers, 7; clergymen, 2; journalists, 4; scientists, 6; teachers, 7.

Twenty-eight of the sixty, therefore, were men in political and official life, and eighteen of these were members of Congress.

The average longevity of men in the higher walks of political life in this country is regarded as considerably below the average of those who occupy similar positions in England. Comparing, so far as information was available, the ages at death of United States Congressmen and members of the English Parliament who have died since 1860, the following results were obtained: Fifty-nine United States Senators gave an average of 61 years; one hundred and forty-six United States Representatives, an average of 55 years; the average of both being, therefore, 58 years. One hundred and twenty-one members of Parliament gave the remarkable average age at death of 68 years.

Taking twenty-five of those that might be regarded as the most eminent American statesmen of the last one hundred years, and comparing their ages at death with those of the same number of the most distinguished English statesmen, the United States gave an average of 69 years, and Great Britain of 70—no practical difference. It was noticeable, however, that much of the best work of the great English statesmen—of Palmerston, Derby, and Beaconsfield, for instance—had been done at an advanced age, when most American public men have ceased to do anything important.

The lecturer considers some of the causes which lead to mental overwork and breakdown in American public and professional life, the early warn-

ings of such overwork, and the forms of disease most likely to result.

The preparation, qualifications, and modes of life of American public men are discussed, and in some instances comparisons are made with English statesmen. The histories of many of the cases are briefly sketched. The special conditions which lead to overwork and its consequences among physicians, lawyers, journalists, scientists, and teachers, are presented at some length, with illustrative cases. The evil effects of competitive examinations and cramming, upon both teachers and scholars in our public schools, are also described.

The symptom-groups and diseases represented by the series of sixty cases are summarized as follows: Acute neurasthenia, 18; insanity, 10; phthisis, 9; diabetes, 4; cerebral hemorrhage, 4; Bright's disease, 3; posterior spinal sclerosis, 3; pneumonia, 3; bulbar paralysis, 1; angina pectoris, 1; erysipelas, 1; hepatitis, 1; enteritis, 1; glossitis, 1.

It was found almost impossible to present in orderly array all the symptoms which may be regarded as the indications of nervous exhaustion, and the probable precursors of premature disease from brain-strain and overwork, these symptoms varying somewhat with the individual—with his hereditary tendencies, his habits, and his surroundings. There were, however, certain common and positive evidences of existing or coming evil which were present in many cases.

Neurasthenia and lithæmia are discussed.

The most important conclusions are summarized as follows:

1. Intellectual work does not of itself injure health or shorten life, but mental overwork, particularly when associated with emotional strain, is a frequent cause of nervous break-down and premature disease.

2. The average longevity of men in the higher walks of public life is less in this country than in England. Politics here is not, as there, in the best sense a vocation; and our public men, in many cases, succumb in health, or fail to attain long life, because they go into careers unprepared, by inheritance, education, and training, for the severe demands to be made upon their powers.

3. Health and life are sometimes lost through forgetfulness of the fact that mental strain and overwork are particularly dangerous to those in middle life or advanced in years, who attempt brain-work and responsibilities to which they have not been accustomed. The effects of suddenly-imposed mental strain upon these classes are especially disastrous.

4. If not subjected to unusual mental or physical strain, public and professional men, as well as those in other walks of life, although afflicted with organic diseases, may live in comparative comfort, and able to do a moderate amount of work, for many years.

5. Among special causes of premature disease in public life are onerous and perplexing duties

on Congressional committees, the uncertainties and disappointments attendant upon public positions, the great strain to which candidates are subjected during political campaigns, lack of recreation, and social excesses and abuses at the National Capital.

6. Among physicians, lawyers, and journalists, the performance of brain-work under pressure of time, and under bad hygienic conditions, is a common cause of ill-health. Defective education and pecuniary harassments are also special causes of nervous break-down and premature disease among physicians and lawyers.

7. Comparatively few clergymen succumb completely to mental overwork, although many suffer from a mild but annoying form of neurasthenia.

8. The danger to the scientific worker usually arises from too intense and too prolonged activity of the mind in one direction.

9. The system of severe competitive examinations in vogue in many communities saps the health of both teachers and pupils. In our schools generally educational methods are bad, recreation is too much neglected, and unhealthy emulation too much encouraged. Education is not properly individualized.

10. Chronic neurasthenia is not common among men prominent in public affairs and in the professions. Such men are, however, sometimes the victims of a severe acute nervous prostration, which may result in serious organic disease.

11. Nervous strain is one of the causes of lithæmia, which is of not infrequent occurrence among public and professional men, but lithæmia and neurasthenia are not interchangeable terms.

12. The warnings of mental overwork and overstrain vary with individuals and circumstances; but certain psychological symptoms, and such physical symptoms as immobility of countenance, diminished resisting power, heart failure, sleeplessness, cervico-occipital pain or distress, and dyspepsia, are of most frequent occurrence.

13. Insanity, particularly in the forms of melancholia and parietic dementia, is sometimes developed by brain-strain and overwork. A family history of insanity is often present in such cases.

14. Phthisis, diabetes, and Bright's disease, are among other diseases most likely to be developed by mental overwork. Men in whose families phthisis is hereditary, should carefully guard against such overwork.

15. Overtaxing the mind and nervous system may be the exciting cause of almost any serious disorder to which chance, accident, imprudence, or infection exposes the individual.

16. Many diseases, not nervous in their seat or manifestation, are developed directly or indirectly as the result of mental and nervous strain, through exhaustion, impairment, or lesion of the centres of the organic functions.

Two Cases of Phlegmonous Pharyngitis.

The *Med. Press* tells us that Drs. Carrington and W. Hale White brought these cases before the Clinical Society in the belief that they belonged to a class which hitherto had escaped recognition. Patients were seized with intense dyspnoea, and tracheotomy might or might not be performed. The operation, however, ap-

pears to be entirely useless, the general, and not the local condition appearing to lead to the fatal issue. The first case was a man, *æt.* 46, who was admitted into Guy's Hospital in the early morning. He had been ill for seven days, somewhat remittently, some days being in bed, on others at work. He was admitted with laryngeal stertor, but no marked dyspnoea. He was placed in a tent with the steam spray and watched, but in the course of a few hours he died quite suddenly, before the house surgeon could be summoned. At the autopsy, all the soft tissues of the pharynx were *œdematous*, and on the right side, from the tonsil downwards for two inches, the mucous membrane was minutely injected and swollen with purulent *œdema*; yellow spots of pus pointed here and there. The same condition spread into the tissue of the epiglottis. On the left side the *œdema* was serous only. There was very little narrowing of the rima glottidis. With the exception of sub-pleural *ecchymoses*, there were no other noteworthy points discovered. The second case was that of a medical man, *æt.* 49, who was admitted into Guy's Hospital on November 10, 1884. He was suffering from dyspnoea, apparently of moderate intensity, but he himself came up to the Hospital for the purpose of having tracheotomy performed. He walked up to the ward. He was placed in a tent with a steam-spray apparatus. It was decided, after consultation with Mr. Clement Lucas, to perform tracheotomy three hours after admission. Just as he was about to be removed to the table, he was seized with spasm of the glottis, and the operation had to be performed in the bed. Artificial respiration had to be resorted to, and was so far successful that he began to breathe spontaneously. He was then seized with an epileptiform convulsion, and ceased to breathe again. Electricity, subcutaneous injection of brandy, and other means were resorted to, and he again began to breathe feebly. He revived so far as to take a draught of milk. All seemed well, and arrangements were made for having him under supervision, when he again ceased to breathe. Efforts were maintained to bring him round for a full hour, but unfortunately were not successful.

Mr. Cripps described the case of a girl admitted to St. Bartholomew's Hospital for gonorrhœa, who, after recovering from this disease, was one evening attacked with sore throat, succeeded by swollen face on the following day, which swelling extended to the opposite side, giving to the face a most peculiar and characteristic appearance. Dyspnoea set in, and quickly increased in severity. Anæsthesia was induced, when respiration almost immediately ceased, and tracheotomy being at once performed, artificial respiration was maintained, but unavailingly. Post mortem, no pus could be found, but the cellular tissue of the neck and pharynx was infiltrated with serum, of which a large quantity drained also from the incision made for tracheotomy during the attempts to set up respiration. Mr. Cripps considered the danger of spasmodic dyspnoea in such cases should preclude anæsthesia, and lead to the practice of making free incisions in the neck, and scarification of the interior.

Mr. Howard Marsh was impressed by the importance of such cases, which, though little rec-

ognized, had, he thought, been described by Sir George Porter, of Dublin, under the name of "acute cellulitis of the neck." He could recall three cases at St. Bartholomew's, not including the one mentioned by Mr. Cripps. One of these, treated by incisions, etc., was attended by sloughing and very foetid discharge, and terminated fatally. The others were similar in character.

Dr. Goodhart thought the cases quoted by Mr. Marsh were not quite the same as those described in the paper. In the latter there was no diffuse swelling of the neck, nor was there at any time a great degree of severe dyspnoea. The condition of the pharynx was very peculiar; it was brawny, thickened, and the seat of commencing suppuration. The urine was albuminous. The interest of the cases lay in the consideration of their exact relations with diphtheria.

Specimen of Stomach from Case of Poisoning by "Rough on Rats."

To a recent meeting of the Philadelphia County Medical Society, Dr. Willard presented, for Dr. F. W. Coover, of Harrisburg, Pa., a specimen, with the following history: The individual from whom the specimen was taken, was last seen in health between one and two o'clock, Saturday morning, May 3, 1883. About seven o'clock a. m., she was found in an unconscious condition, with two gas-burners in the room unlighted and turned on. On the floor and sofa beside her was some material that had evidently been thrown off from the stomach. I saw her at seven and a half o'clock. She had been carried to her room, and was lying on her back in bed, her body extended full length. She was unconscious, and could not be roused. She threw her hands around, and pressed them over the abdomen. There was no spasmodic rigidity of the upper or lower extremities; she made no resistance when firm pressure was made over the stomach. Extreme pallor of face and upper lip. Mucous membrane of lower lip red and angry-looking. Pupils widely dilated, and not responsive to light. Eyeballs slightly congested. Feeble pulse—about eighty per minute. Respirations increased to thirty per minute. An involuntary discharge from the bowels had occurred. An emetic of sulphate of zinc was administered by the mouth, with but little difficulty, which was followed in a few minutes by free vomiting of a pint or more of slightly yellow-colored liquid, mixed with ropy mucus. The white of eggs, milk and whisky, was given soon afterwards, and retained. After the emetic had operated, there was no retching or vomiting. About noon, some movements were noticed that indicated returning consciousness, but her symptoms showed increasing heart-failure. She would roll from side to side, and restlessness increased. She would slide down in bed. She had more discharges from the bowels, but no urine was voided. By two o'clock, she became conscious, and answered all questions intelligently. She told me she had taken a teaspoonful of "Rough on Rats," dissolved in tea, shortly after midnight; that soon after taking it, she vomited, and from that time she had no recollection of what had since occurred. She complained of no pain, except dryness of the throat, which annoyed her greatly.

She felt weak and sleepy, but wanted to get well, and took what was given her cheerfully. The stupor, however, increased, and she died comatose, without any convulsions or struggling, about fifteen hours after having taken the fatal dose. The post-mortem was made about fourteen hours after death. The body was that of a well-developed female, about twenty-three years old, weighing one hundred and forty pounds; *rigor mortis* well marked; all organs, thoracic and abdominal, healthy. Stomach removed, and contained about a pint of liquid, which appeared to be milk, eggs and whisky. The mucous membrane of the stomach was highly inflamed, particularly around the cardiac orifice, portions of it seeming to be detached. The small intestines were distended with gas, the mucous membrane having more than its usual color. The colon and rectum were collapsed and empty. The bladder likewise was empty.

Lead Poisoning of Obscure Origin.

Dr. Roberts Bartholow thus writes in the *College and Clinical Record*, February 1, 1885:

This woman, who has been living quietly in her own house, carrying on her ordinary domestic duties, noticed that the power of her hands was gradually failing. This continued, until now she has characteristic wrist-drop. There is no apparent cause, however, why she should suffer from lead palsy. That the wrist-drop is due to lead, is evident from the symptoms and from the presence of a well-marked blue line along the margin of the teeth in both the upper and the lower jaws. There have also been some disorders of digestion, as nausea, vomiting, and constipation. Lately, some loss of power in the lower extremities has been noted, showing that she is pretty thoroughly saturated with the poison. The urine has not yet been examined, but this will not be neglected; for if the diagnosis be correct, and there can be scarcely a doubt of its accuracy, lead will be found in the urine.

We have carefully investigated every point of which we can think in this woman's household arrangements, and we find no cause for the poisoning. One fact which is mentioned is, however, significant. Her husband is a baker, and over the furnace is a boiler filled with distilled water. The water from this boiler passes through a lead pipe, about fifteen feet long, and is used in the making of bread and in various ways about the house. It is well understood that the action of distilled water on lead pipe is peculiarly dangerous. The water of the city makes an insoluble coating on the interior of the lead pipe, which protects it from invasion. When lead is immersed in distilled water, the presence of lead dissolved in the water can be detected in a few minutes. This is a possible explanation of the poisoning in this case. We shall have the premises carefully examined.

The first thing to be done in the way of treatment is to shut off the supply of lead, and the second is to secure elimination of that which is present in the system. This is best accomplished by the use of the iodides and bromides, preferably the former. I shall avoid the iodide of potassium, on account of the action of potassium, and give the iodide of sodium. In order to reach de-

posits of metals in the tissues, it is essential to give massive doses of the iodide. Twenty grains, well diluted with water, three or four times a day, on an empty stomach, is the proper dose. Purgatives and diuretics are also to be exhibited. To act on the bowels, there is nothing better than Epsom salts, which, while being a laxative, will combine with any lead in the alimentary canal, and form the insoluble sulphate of lead. To increase the action of the kidneys, the patient will be ordered to drink freely of bitartrate of potassium lemonade.

Bullet Wound of the Lung.

Dr. C. B. Maitland thus writes in the *Lancet*, February 14, 1885:

At the present time, when pulmonary surgery is attracting a good deal of attention, the following case may be interesting, showing how comparatively slight the constitutional disturbance may be, consequent on a severe injury to the lung.

On September 7, 1884, Heera, a low caste Hindoo, in the habit of eating and drinking anything he could get, was admitted into the Staff Hospital, Deesa, with a recent rifle-shot wound of the chest. The rifle, a Snider, had been fired 150 yards to his front. The entrance was between the second and third ribs, two inches from the right edge of the sternum; the ribs were uninjured. There was no exit wound, but the fourth and fifth ribs on the same side were broken midway between the scapula and the spine, apparently a piece of each rib being knocked out. There was considerable shock, but scarcely any bleeding, so a little rum was administered. For ten days the man remained fairly comfortable, the tongue, at first furred, cleaning, and only occasionally coughing up a little rusty sputum. On the twelfth day his temperature was 99.5°, and on examination behind I found a swelling, fluctuating with the respiration, opposite the sixth interspace, in the same vertical line as the break in the ribs. On opening this, a somewhat flattened Snider bullet was extracted—it was lying outside the chest cavity—and about a pint and a half of offensive blood-stained pus let out. For three weeks the lung cavity was washed with carbolic solution (1 in 40), the fluid latterly returning nearly clear. The patient all this time suffered from no inconvenience, except when being injected the syringe hurt the broken ends of the ribs. Air passed freely through the posterior wound when uncovered, and once a slough two inches long came away. The morning temperature was always normal, the evening temperature ranging from 99° to 99.5°; respiration averaged 40, and pulse 96. On October 11 his temperature went up to 100°; so a drainage-tube was inserted in the sixth interspace, without making a fresh wound, and some offensive pus let out. Next morning the temperature and pulse were normal, and the respiration 32. In a week the injected fluid returned clear, and in a month the tube was finally removed. Now, December 17, the man is apparently in perfect health, fatter than before the injury, and the lung performing its functions. His recovery will seem the more remarkable to those acquainted with the prematurely aged and shrivelled appearance of indigent Hindoos.

Catarrhal Pneumonia with Diphtheria.

Before the New York Pathological Society (December 24, 1884), Dr. Van Santvoord presented specimens with the following history: The patient was a child, aged thirteen months, an inmate of Randall's Island Infant Asylum. It had been ailing for about one month, with diarrhoea occasionally succeeding a somewhat constipated condition, and the occurrence of bronchitis some time ago. Prior to the fatal illness there had been no examination of the lungs for several days. On Tuesday night the house physician was called to see the child, when the nurse told him that it had been ailing more than usual for a number of hours. He found that breathing was labored, and on examining the throat discovered a patch of false membrane upon the right tonsil. The child rapidly sank, and died within a few hours. Death occurred within twenty-four hours from the inception of the throat trouble.

At the autopsy the brain presented no very obvious lesion. A patch of pseudo-membrane was found upon the right tonsil, and the epiglottis and the trachea, to about its middle, were coated with false membrane, which, as usual, was somewhat adherent over the laryngeal surface and tonsil, but loosely attached in the trachea. The trachea and large bronchi were injected and coated with copious secretion of mucus-pus. About one-third of the lower lobes of both lungs, and about one-half of the upper lobes were hepatized from catarrhal pneumonia. The heart presented no marked lesion, simply a post-mortem clot in both ventricles. The abdominal viscera were normal, with the exception that the solitary follicles were somewhat enlarged throughout the small and large intestines. From about eighteen inches above the ileo-cæcal valve to within two feet of the stomach there were six intussusceptions, but these were so frequently found at autopsies in children that they were regarded as having no special pathological significance.

Puerperal Eclampsia.

Dr. H. D. Fry thus recapitulates a paper on the subject in the *American Journal of Obstetrics*, January, 1885:

1. Puerperal albuminuria is the symptom of a pathological change, or of pathological changes, indicative of a predisposition to eclampsia.

2. The prophylactic treatment of eclampsia, therefore, includes measures adopted to prevent the occurrence of albuminuria.

These are, to improve the condition of the blood by the administration of tonics, iron, and a liberal dietary; and to relieve the renal congestion by attention to the functions of the skin, and by prohibiting the wearing of tight clothing.

3. The urine of all pregnant women should be examined for albumen after the fifth month of gestation, and earlier if any suspicions are entertained of renal complication.

4. With the recognition of the disease, treatment should be directed to its relief. This is divided into general, dietetic, and medicinal.

5. Obstetrical, to which are referred the graver cases of the affection. These, not having yielded to treatment, demand, by the urgency of their symptoms, prompt operative interference.

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**DEGENERATION AMONG THE RESIDENTS OF
 LARGE CITIES.**

Sanitarians will always teach that a life in the country, intelligently and properly carried out, is much more conducive to health, happiness (because it gives health to a great extent), and to longevity, than is a residence in a large city. The reasons for this are obvious. In the country are to be found all the elements of health, which, if intelligently and properly used, must necessarily redound to the physical, moral, and mental welfare of humanity. In large cities, on the other hand, the natural conditions of our surroundings are artificial (if we may be pardoned the Hibernianism), and it is only by constantly avoiding that which we are constantly tempted to do that we can escape the pitfalls which civilized life (so-called) in large cities has prepared for us at every point.

The very nature of a city life, that is to say, in a large city, is demoralizing to health, and the constant temptation to do that which is prejudicial to our physical welfare is very great.

When Rome became a great empire and the "*Mistress of the World*," with her cities of unparalleled size, she, of course, had to encounter these temptations, and by them she was defeated.

When Maria Theresa sent her beautiful young daughter from Austria to mate with the young king of the then greatest country of the world, fresh from, and flushed with, the victories of the "little corporal," she was sending her to the mercies and vengeance of those who had been crowded into the "Queen City of the World," those who, leading artificial lives, had looked for something more than nature would give them, and who, ruled by those who were not content with nature, were unfit to govern natural beings.

So commenced the downfall of France; so occurred the downfall of Rome; so is now commencing the downfall of England. In the *Lancet*, Feb'y 7, 1885, we read as follows:

"The lecture delivered last week by Mr. James Cantlie on "Degeneration amongst Londoners," was received with approval not unqualified by dissent. The address, while true to the concentrated life of many large towns besides London

in its general tenor, might be said to be a diagrammatic, or rather a scenic, portrayal of that life. Some of its statements could hardly be received without a qualifying grain, as that, for instance, which declared a pure Londoner of the fourth generation to be impossible. It dealt principally, moreover, with the poorest class of town-dwellers, among whom the struggle for existence is seen in its rudest and acutest phase. This fact, no doubt, has served to heighten the color of the picture. At the same time, it must be admitted that the variation is rather one of shade than of contour, and arises not unnaturally from the necessities of illustration which belong to the subject in question. He who would find the centres of decay in a nation still on the whole robust and active, must seek for them at the points of social tension. The proofs of pressure, starvation, and atrophy, of vice and of brutal reversion, and of their results are all to be found here. The beginnings of the same process may be watched and often remedied in other grades; in this class, one frequently sees the beginning run on to its end in a single generation. Mr. Cantlie is not disposed to let this happen. He does not speak as a mere melancholic or idle image-breaker, but as a practical healer of abuses. His means of cure are two: fresh air and exercise. With regard to the vital importance of each of these to all normally formed persons there can be no question. The existence of various well-known societies and committees for the direct promotion of wholesome living is evidence enough to this effect. The subject for consideration rather is, how to bring these necessary luxuries—for so they must now be described—within reach of the many who have them not; and for the solution of this problem no answer which is not practical is worth having. Any such answer must of course affect the working of our whole civic system. Work, means, and food, the regulation of working time so as to allow of a fair measure of personal leisure and of sleep, are equally matters of the first significance, and may be said to form in many cases the standing ground required for the operation of all other remedial measures. We have good hope that the national mind, recognizing that there is degeneration and that it is curable, will continue to treat it with sympathy, as it has begun to do, and will direct upon it the fresh air of public discussion and the healthy exercise of a wisely corrective legislation."

These remarks are worthy of the gravest consideration. Rome was Rome; Paris was France;

and London is England; just as our large cities are the United States. Among our wealthier classes, the growing tendency is towards a residence in the country; among the medium and poorer classes, the tide of emigration sets towards the large cities; centralization is the social as well as the business order of the day, and the people answer to this order. Let us think; let us reflect on the past history of the world; let us remember that physical and mental greatness must go hand-in-hand; let us remember that when Greece ruled the æsthetic world, she also owned the physical world; let us seriously ponder over this, and ask ourselves whether we do right to encourage centralization. The necessities of business (as conducted to-day) call for it; but will it conduce to our political welfare?

NOTES AND COMMENTS.

The Treatment of Mastitis by Bandaging and Rest.

Dr. Philander A. Harris thus concludes a paper on this subject in the *Amer. Journal of Obstetrics* for February, 1885:

"From my experience in the management of the puerperal and nursing breast, I would form the following conclusions:

"1. That the breasts soon after delivery are strongly disposed to secrete milk, and will usually continue to do so for a few days, even if they be not nursed. If no attempt be then made to nurse or withdraw the milk, the secretion rapidly diminishes, and they return to their normal size and condition of inactivity.

"2. That, as a rule (to which there are probably few, if any, exceptions), the retained secretion does not undergo changes which convert it into an irritant fluid, but instead, it remains innocuous to the walls of the ducts and acini which contain it, and under favorable conditions is finally absorbed without trouble or embarrassment to either the normal or inflamed adjacent tissues.

"3. That, as a rule, the secretion of milk continues only while the natural stimulus, as nursing or other means of emptying the breast, continues to be employed. That the secretion, either in the normal or inflammatory condition, begins to abate when such stimulus is withdrawn, and will entirely cease after a week or two.

"4. That an abundant secretion of milk which has recently and entirely ceased as the result of a complete withdrawal of stimulus, may be again recalled upon the reapplication of the child.

"5. That the presence of a decided inflammatory movement in the breast greatly diminishes secretion in the gland.

"6. That the sympathetic relation between the two breasts is almost, if not wholly, a sensory one. That neither the function of secretion nor the condition of the circulation in one breast is appreciably and directly affected by either physiological or pathological processes which may be going on in the other.

"Inflammation of the breast should be regarded as a progressive rather than a self-limited disease. It is attended by a train of pathological changes which become more severe and complicated until the conditions or circumstances which have produced them and which favor their continuance are removed.

"The inflamed breast should be supported in a well-applied bandage, and no attempt made to nurse or withdraw the secretion until the entire subsidence of the inflammatory movement.

"Sore and fissured nipples often produce inflammation of the breast. If, therefore, in any particular case we have reason to believe that the lesion will soon lead to the development of mastitis, or should it appear that a cure cannot be effected during the continuance of nursing, we shall be justified in the entire suspension of suckling through the affected part until a cure of the local trouble is established.

"The well-applied bandage exerts a salutary influence on the morbid conditions which affect the nursing breast, and it is also the most grateful measure of treatment."

A New So-called Specific Treatment for Typhoid Fever.

Dr. J. W. Hawkins thus writes to the *Kansas City Medical Record*, Feb'y, 1885: It is said by medical writers of the present day that there is no known specific treatment for typhoid fever. We are gravely told that "the abortive plan by the use of calomel is the only treatment that can be considered aetiological or causal." To this statement I respectfully demur. If calomel aborts the fever in fifteen to twenty days, the bromide-of-potassium treatment will do it in seven to ten days. The bromide of potassium is a medicine (unlike calomel) attended by no bad results, and upon it we can confidently rely. It may be given in any and all stages of the fever—first, second,

third, fourth, fifth, or sixth week. If you see the patient on the first or last day of the fever, begin at once to administer the antidote—bromide of potassium. In the whole metasynergetic cycle of remedies for typhoid fever the bromide of potassium stands at the head. It accomplishes what no other known remedy has done, when properly administered. It usually arrests the fever in from seven to ten days after beginning its use. If the treatment is commenced at the beginning of the attack, five-grain doses administered every three hours during the day only, and repeated daily, will usually be sufficient. But if in the last stage, from fifteen to forty grains will sometimes be required. In the last stage of a very severe case, when death seemed almost inevitable, I gave more than two hundred grains in twenty-four hours, producing no gastric disturbance whatever. The patient recovered. Hence from this and other like cases I am led to believe that we have a specific for enteric fever.

The truth of this has since been verified in the treatment of ten additional cases, the fever in every case being arrested in from seven to ten days. I think I am not talking too forcibly when I say that bromide of potassium is as much a specific for typhoid fever as the sulphate quinia is for (ague) intermittent fever.

Attempted Suicide.

The following case, which Dr. Levi Cleese reports in the *Louisville Med. News*, is worthy of note:

"May 30, 1879, Joseph Gaume, a barber, while assisting in preparing for burial the victims of the tornado which had swept over Irving that day, stole an engagement ring from a young lady's finger.

"July 21, 1879, while under the influence of a prolonged bout of hard drinking and of fear of personal injury at the hands of the friends of the aforesaid young lady, he attempted suicide by cutting his throat with a razor. Ten minutes at least must have elapsed before Dr. H. H. Tenney and myself reached the place where he lay wallowing in a pool of gore, and bleeding like a stuck pig. He had made several gashes across his throat, below the cricoid and thyroid cartilages. One of the tracheal cartilages was almost severed, and hung by a filament from the wound. The common carotid artery on the right side was cut half off. With every expiration the blood would fill the yawning wound and bespatter the surgeon.

"Dr. Tenney at last succeeded in introducing his finger under the artery and lifting it up from

the bed, while I tied both the distal and cardiac ends. The radial pulse once more became discernible, and the gash in the throat was sewed up. The next morning the patient, with a large pocket-knife, stabbed himself in the third and fourth left intercostal spaces. He aimed at the heart, but struck too high. The nurse heard the hiss of the escaping air. These wounds were closed by adhesive plaster. The neck wound had to be reclosed by sutures; no extra precautions were taken, and July 30th the patient was discharged. I heard that he committed suicide the year after by throat-cutting."

Cocaine in Minor Surgery.

If current reports are to be credited, there is apparently no limit to the beneficent action of cocaine. In the *Lancet*, January 31, 1885, Dr. J. Herbert Simpson reports the following case:

Miss B—, whose breast I removed for scirrhus in February, 1884, found a week ago that two small nodules of the disease, each about the size of a pea, very hard and painful, had appeared near the cicatrix of the operation wound. The nodules were about three inches apart. On January 23 I injected three minims of a four per cent. solution of the hydrochlorate of cocaine on either side of one nodule; and, finding that after waiting ten minutes there was no pain on pinching the part, I cut down and removed the nodule, having to make an incision an inch and a half long. The patient felt absolutely nothing of the operation until I inserted the sutures, and that, she said, was hardly to be called pain. After closing the wound, I injected another three minims near the second nodule, and operated in the same way; and although a little pain was felt, owing, I believe, to my not having waited sufficiently long for the third injection to take effect, it was very trifling; and from beginning to end, this operation under cocaine was a decided success. There were no after-effects from the drug, and both wounds are healing by first intention.

How Syphilis may be Contracted.

The following case, which Dr. Amos Carter reports in the *Indiana Medical Journal*, is worthy of note, as it carries with it a very wise suggestion to prison authorities. To give his own words, the doctor says:

"I have had a case of syphilis that is of interest only from the manner in which it was contracted and the location of the chancre. The patient was a boy aged 15 years. He was admitted

to the Indiana Reform School for boys, October 21, 1884. About the first of November he complained of soreness in the anal region, and examination revealed a chancre about one-half inch from the opening of the anus. He said that he had been confined in jail with a 'man who was in for attempted rape,' and who had syphilis; that it was contracted 'by using the same closet the man did.' By close inquiring, the boy acknowledged that the demon with whom he was confined had induced him to consent to sodomy. This revealed the means and source of contagion.

"The case got along reasonably well; the rectal wall was somewhat thickened, but he will make a very good recovery.

"Such occurrences as this being possible, our county jails ought to be so arranged as to keep boys separated from older and more hardened criminals."

Inoculation from Malignant Pustule.

From the Paris correspondence of a foreign exchange we note that a patient was lately admitted into the Lariboisière Hospital with a malignant pustule above the eyebrow. He was employed in the slaughter-houses of La Villette, and killed and prepared for sale sheep imported from the south of Russia. The malignant character of the pustule was evidenced by intense fever, 107° Fahr.; pulse 120, and considerable oedema. The sub-parotid glands were much swollen. Two days before the patient was admitted into the hospital, he complained of itching of the forearm and back of the hand. The oedematous area was cauterized, and the scars were removed until the tissues bled. The patient's condition improved from day to day, until all danger disappeared. Nevertheless, the glands continued hard and swollen. M. Proust, who treated the case, wished to ascertain if the blood was infected when the patient was admitted. Artificial cultivations from the blood on broth were made, but were sterile. A drop of the purulent serum taken from the pustule rendered the broth fertile, and bacteria appeared in it. Guinea-pigs inoculated from this cultivation died from charbon.

Malformation of the Female Sexual Organs.

Dr. B. Bernard Browne thus concludes a paper on this subject in the *Jour. Am. Med. Ass.*, November 8, 1884:

1. Nearly all the malformations of the female sexual organs, previous to puberty, result from arrest of development.

2. As the upper and lower portions of Müller's

ducts develop independently of each other, we may find the ovaries developed without the uterus, and *vice versa*.

3. Perfect development of the external genital organs and the mammary glands does not preclude defective development of the vagina, uterus or ovaries.

4. Entire absence of the uterus or the ovaries can only be determined by post-mortem examination or by laparotomy.

5. A patulous urethra is not the result of sexual intercourse through this organ, but is caused by arrest of development.

6. In congenital atresia of the vagina, a patulous urethra is the rule; in acquired atresia, it is the exception.

Cocaine in Chordee.

After a while we will hear about "*Cocaine in Cancer*;" but, as universal as would seem to be its therapeutic application, if all reports are to be credited, yet it is our duty to give publicity to all reports of its use that bear some evidence of authority. An anonymous writer thus discourses in the *New England Med. Mo.*, February 15, 1885:

"I have had two cases recently of chordee, accompanying gonorrhoea, which have yielded easily to the soothing influence of an injection of hydrochlorate of cocaine. In the first case I had exhausted almost everything in my efforts to relieve. It was one of those obstinate cases with which we meet sometimes, and which seem to defy all treatment. I gave this man an injection of 10 drops of a four per cent. solution, mixed with 30 drops of water. After this injection was introduced, I worked it along the urethral canal until the mucous surfaces were bathed in the solution. I then allowed it to remain several minutes. From this time out, I had no further trouble with either the chordee or the patient. The second case yielded a like result."

The Treatment of Acute Dysentery.

The *College and Clinical Record*, Feb'y 1, 1885, says regarding acute dysentery, Prof. DaCosta says, the best treatment is ipecac., not to exceed gr. xx every two or three hours, guarded with opium, and he has very remarkable results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (gr. ss every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This does not preclude the simultaneous use of

small doses of opium. Both the ipecac. and the saline purgative plans should be abandoned in two days if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x-xx every two or three hours. The use of ice water injections three or four times a day was originated by him some years ago; they are very valuable. Sinapisms are useless and blisters harmful.

Headaches.

Our readers will remember that some time since we published a paper suggesting, and giving good reasons for so doing, that "*Sick Headache*" (so-called) was really due to an affection of the eyes. It called forth much discussion at the time, but comparatively little interest was manifested in the subject. We are now glad to note that Dr. T. Lauder Brunton, in his lectures on "*Disorders of Digestion*," (*London Med. Times*, January 24, 1885), said that there "was only one so-called minor ailment connected with digestion requiring mention, viz., headache. Headaches were usually dependent either upon the presence of decayed teeth, or of some irregularity in the eyes, more especially in the quality of focal lengths between the two eyes, or astigmatism.

"As persons who were subject to headaches in their youth grew older, bilious headache was very apt to be replaced by giddiness; and this change occurred about the time when the eyes were beginning to get a little presbyopic, and the person began to find the need of spectacles for reading."

Glycerine for Dryness of Tongue and Thirst in Febrile States.

From a foreign exchange we learn that Surgeon Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerine he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coat-

ing. But, in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.

Drunkenness Treated by Bleeding.

Dr. Cranny reports the following case in the *Med. Press*, February 18, 1885:

T. T., a middle-aged man, who had been employed in a spirit-cellar, where he obtained and drank a large quantity of whisky, was brought to the hospital in a dying state from the effects. The breathing was stertorous and labored, the face swollen and livid, and the pulse intermittent (with each gasp would give a couple of beats and then a long intermission), and pupils insensible to light. With the stomach-pump a large quantity of spirits was removed, sinapisms put on his legs and neck, and strong coffee injected into the stomach; but as he gradually became worse, and finding that life was ebbing away, Dr. Cranny opened the median cephalic vein. Immediately after the blood commenced to flow, the respirations became easier and the heart's action steadier, and as soon as about ten ounces had been taken, consciousness returned. He left the hospital perfectly well.

Grindelia Robusta in Cough.

Dr. John F. McCann writes to the *Med. Age*, that such has been his experience with *grindelia robusta* that he has come to include it in all his cough mixtures, when the seat of the irritation is the middle or upper portions of the air passages. In asthmatic cases its action is simply perfect, and its influence over the condition which he thinks obtains in asthma, was beautifully illustrated in a case which had its origin in strychnia, administered in medicinal doses. The patient, according to his theory, had a tendency to asthma, which the strychnia stimulated into activity. The *grindelia* afforded almost immediate relief from the attacks, although he is not aware that there is any physiological antagonism between the two drugs. It is its property of relieving the irritability of the bronchi which, doubtless, makes *grindelia robusta* the valuable drug that it is in coughs.

Hysterectomy.

The French correspondent of the *Med. Press* (February 18, 1885), notes that M. Terrier brought under the notice of his colleagues two cases of hysterectomy (vaginal), one of which was for cancer of the neck of the uterus, and did very well. M. Desprès pronounced himself skep-

tical as to the alleged nature of the tumor, and he could not understand how the totality of the organ could be removed *per vaginam*. M. Berger said that abroad surgeons have commenced to look with distrust on total ablation of womb for cancer, for the affected glands are more difficult to seize and extirpate in this region than in the axilla. M. Polaillon considered that it was not at all necessary to have recourse to an operation so grave, as cancer was generally limited to the os. In reply, M. Terrier, although admitting the justice of some of the remarks, thought that the operation might be legitimately tried, on account of the extreme gravity of the affection.

A Diuretic Mixture.

Dr. A. L. Hodgden writes to the *Maryland Med. Jour.*, February 28, 1885, that he has found the following combination:

R. Extr. apocynum cannabinum, fluid, ʒj.
Extr. belladonnæ, fluid, ℥xij.
M.

valuable as a diuretic given in the dose of six drops every hour until effect is produced, or eight doses have been taken, especially in œdema from pregnancy. He has given it as directed above, or in œdema from pregnancy, six drops of the same three times a day for three or four days; some water should be taken with each dose. The belladonna, outside of any other action, seems to be very valuable in checking the secretion of the skin, which materially aids a diuretic action. He has never seen the combination before mentioned in print, nor has he heard of its being used by any person excepting himself.

Sodium Ethylate in Lupus.

From the *London Med. Press*, (Feb'y 18, 1885,) we learn that at a recent meeting of the Medical Society of London, Mr. Startin showed several cases of lupus vulgaris which had been completely cured by the application of sodium ethylate. It will be remembered that Dr. B. W. Richardson drew attention to the value of this substance in the treatment of mucous polypi nasi in an early number of the *Asclepiad*, and it has now been employed with considerable success in a large number of cases of disease. In one of Mr. Startin's cases the lupus growth had involved the alæ of the nose and the adjacent cheeks to a considerable extent. Another case exhibited at the same time was almost entirely cured by erosion and careful scooping out of all the lupus tissue, only two operations having been required to effect the result.

Urban Myopia.

Still daily do we hear of some additional argument against city life. Now, in the *Brit. Med. Jour.* (February 7, 1885), we read that in a recent address at the Society of Arts, Mr. Brudenell Carter drew attention to a form of myopia to which the dwellers in populous places are peculiarly subject, and the *Journal* says:

"There is no doubt that town-life is conducive to short sight. There is not one man in ten who, in walking about a crowded town, does not habitually keep his eyes fixed upon the ground, or, at any rate, upon a very near point. Visual accommodation for near distances becomes habitual, because it is a protective necessity against collisions and other dangers of the streets. Hence dwellers in towns should take frequent walks abroad, so that, by gazing on distant objects, they may preserve their eyes by a healthful relaxation of visual tension."

Amenorrhœa and Gonorrhœa.

In the *College and Clinical Record*, February 1, 1885, we read as follows:

For amenorrhœa dependent upon debility, Prof. Parvin advises the following, speaking very highly of its utility:

R.	Ferri sulphat. exsicc.,	gr. j.	
	Aloëa,	gr. j.	
	Olei terebinthinæ,	℥j.	M.
	Ft. pil.		

Sig.—One ter die.

According to Prof. Bartholow, the following, in gonorrhœa, after the acute stage, is efficacious:

R.	Zinci sulphat.,		
	Plumbi acetat.,	āā gr. viij.	
	Ammonii chlorid.,		
	Aluminis,	āā gr. iv.	
	Aquæ rosæ,	f. 3j.	M.

Sig.—As an injection.

Sponge Left in the Abdomen.

A most excellent caution is that taught by the following note from the *Louisville Med. News*:

Dr. C. H. Briddon, at a recent meeting of the New York Surgical Society, the proceedings of which are published in the *New York Medical Journal*, reports a case in which he operated for removal of the uterus by abdominal section. The patient died on the sixth day, and when the post-mortem was made a sponge was found encapsulated with lymph lying in the right iliac fossa.

[At the last meeting of the American Gynecological Society a number of cases of this kind were reported, and they show how careful operators should be to follow the plan of Keith:

"Count the sponges before operating, and be sure when you are through that you have them all."]

Muriate of Cocaine in Gout.

Dr. D. D. Davidson, of this city, informs us that he has in a few cases had most satisfactory results from the use of this drug in gout. He uses a two per cent. solution, which is poured into the palm of the hand and then rubbed over the painful part. It only gives temporary relief, but this is a great desideratum and rather unusual, as so far this local anæsthetic has not had the credit of having any effect on the skin. He also tells us that when the pain returned it was less severe. He, too, has found this drug useful in earache.

CORRESPONDENCE.

The Hygiene of the Aged.

EDS. MED. AND SURG. REPORTER:—

Such is the heading of an article in the *MEDICAL AND SURGICAL REPORTER* of January 24th, by some one reporting "Notes from the Philadelphia Hospital," embodying the utterances of Dr. Horatio C. Wood, Professor of Materia Medica in the University of Pennsylvania. Dr. Wood is high authority with the profession generally as well as with the large class of students to whom he lectures. If there be a responsible position in the world it is that of medical teacher. How fatal is the propagation of error by those who educate pupils to go forth to take charge of the lives of others! Nearly sixty years ago I was deeply impressed by the earnestness and conscientiousness of Professors James, Physic, and Cox, when lecturing to their classes. No joke ever passed their lips; nothing that had the shade of obscenity in it was ever spoken by them. In the years which have come and gone since that time, it has oftentimes gratified me to listen to some other surgeons and physicians who have filled those chairs with the same high regard for propriety of speech and deportment. In speaking thus, I intend no reflection on Prof. Wood, for I do not know what his habits are. I only refer to the feelings manifested by the gentlemen of whom I have spoken as resulting from their realization of the great responsibility which attached to them as teachers.

Dr. Wood knows full well, that, in the Society of Friends, to which nearly all his relatives belong, and in the principles of which he was carefully reared, abstinence from intoxicating—I ought to say alcoholic—drinks is the rule, and that in that society there is greater longevity in proportion to numbers than in any other society of any kind. The three oldest persons who within the last decade have passed away from the neighborhood in which I reside were members of the Friends' Meeting; one had nearly reached his 97th year, the other two were in their 95th. They were all free from the use of alcohol in any

form. One of them was my eldest brother, who, I can well believe, had not taken during the last seventy years a single teaspoonful of alcohol in any form. A sister, also, reached the age of 85, and was free from its use through all her long life. For 44 years I have wholly abstained, and yet almost measure years with this dear old man—"too good a patient to let die." I wish he had not said *that*. It was too light for the occasion and the presence.

How harmful is such teaching in view of the wretchedness wrought by the use of alcohol in its various forms!

Dr. Wood's class numbers hundreds of young men, and if he should not have urged upon them the use of alcohol on any other occasion for any disease during his lectures this winter, even then he has done them great harm. He has impressed on these young men a belief that alcohol is a nutritive, life-preserving agent, and as conscientious practitioners they will feel bound to advocate its use. They will not wait till people are 75. Even Dr. Wood's rule is "75 or less," and the less has no bounds. Every one who complains of weakness or chronic infirmities will be considered a fit subject for this great health maintainer. To the young doctor of 22 or 25 years, persons of 50 or 60 are quite old, and he will urge on the latter the use of alcohol—the great health preserver—"in some form at meal time." It will not then be taken merely at meals—a good drink of it in some form at bed-time will make him feel good. Many years ago I had a friend who was told that a little brandy after each meal would be useful to relieve his dyspeptic symptoms; he tried it, and boasted to me of its great value. He was, indeed quite triumphant; thought "doctors know but little about dyspepsia." He was just my age. I warned him against it. He has been dead many years. It was a common belief with his neighbors, "that he drank too much." It was evident to all who saw him, and yet he was a vestryman in his church, and had other important reasons for resisting injurious habits.

Dr. Wood speaks truly when he cautions against exposure to high winds—and especially to sudden change, when very warm, to a cold, chilling atmosphere—but it is nearly as applicable to the young and the middle-aged as to the old. Dangerous as such exposure is it is much less dangerous to life than a change from sobriety to the use of alcohol "in some form at meal time." He presents the case of Rev. Dr. Beadle to show the danger of exposure to a chilling wind when the body is warm and not protected by a "buckskin jacket." Dr. Beadle was a noble man, and the mention of his name and death, impels me even at the risk of being called a hobbyist, to turn away from Dr. Wood for a moment, to express my extreme regret that there was not, in the aristocratic quarter in which Dr. Beadle resided, a physician who could have saved him even if he were suffering from a congestion of the lungs. Dr. Beadle's was not an exceptional case—hosts of physicians and other professional men in Philadelphia and in New York have died from congestion of lungs, pneumonia, and pleurisy affections so very amenable to treatment. If, therefore, instead of advising the young men as he did, Dr. Wood had spoken to them of the

lamentable fact that the profession in Philadelphia is powerless to relieve a person affected as Dr. Beadle and many other men eminent in the profession have been, he would, by this humiliating confession, have awakened, in their vigorous young minds, a desire to know why these diseases have borne away so many of our medical brethren within the last few years. In their inquiries for the solution of the question they would doubtless have discovered that the use of alcohol "in some form," substituting a more rational treatment had much to do with the loss of so many useful, brilliant men. It is greatly to be regretted that though, since the death of Bishop —, who came from New York in perfect health, to Philadelphia to perform official duties, and died in three days from congestion of lungs, or pneumonia, and so many other men of high standing in our profession have died from the same affection—as reported by their physicians—that we have never once been informed in relation to the treatment. A few years since a man of about 70 years, sitting on the front seat of his carriage, rode eight miles facing the wind, and though pretty well clad, became somewhat chilled. That night he got pain in his chest and a feeling of oppression. A physician was sent for, and he pronounced his case a congestion of the lungs. At once he set about treating him by giving freely of alcohol in the form of milk punch, and in other forms. This strong man lived but two days, at least less than three. Now, what share of the result belonged to the disease and what to the treatment we can only surmise. How it was in Dr. Beadle's case we know not.

It has often occurred to me that physicians owe much to the soothing influence of the clergy. They never charge us with erroneous practice. However much we may have erred, however disastrous our treatment, when they come to officiate at the closing ceremonies they say, in all sincerity, "The Lord giveth and the Lord taketh away; blessed be the name of the Lord." All of us have had occasion to witness the calming effect of this on the family, taking away all blame from us, and placing it, I was going to say, where it belongs—elsewhere. Let us hope that if we cannot be informed of the treatment of Dr. Beadle, that we may be favored by some one with the mode of treatment in the case of the Bishop, or some one of the many others who have fallen by the way before or since the death of Dr. Beadle. We ought to know something of the treatment which prevails in Philadelphia and New York, where alcohol is so great a favorite. Returning from this digression, allow me to present another kind of proof that alcohol is not needed in order that persons may reach advanced age.

To-day the *Friends' Journal* of February 19 (yesterday) came to me, and in looking over the list of deaths—the deaths of Friends gathered from all available sources are published weekly—it occurred to me that it would be fair to take it as an evidence of the truth of what I have said about the longevity of Friends—people who, in advanced age especially, do not use alcohol in any form. In this list of the twenty-four persons whose ages are given, one was in his 94th year, one 90, one 88, one 87, two 84, one 79, one 76,

three 74, one 73, one 71, one 69, one 67, two 65, two 64.

Here we find that of these 24 persons 16 had passed their 63d year. Thirteen had passed 70, 5 from 80 to 90, and one went beyond 90. The combined ages of the 24 amounted to 1,646 years. I had not then thought of comparing this list with the list in the *Philadelphia Ledger*. But on the 21st I sent for that paper and took from it the first 24 notices of deaths, of whom the ages were given; and here is the record. Only six passed the 61st year—of these six, one was 85, two 75, one 72, one 71. The combined ages of the 24 gave a total of only 916. Taking the next 24 whose ages we published, only six passed the age of 62; and of them one was 85, one 82, one 75, two 68, one 65, and one in the 62d year. The ages of the whole 24 footed up only 850 years. These results were so surprising to me that I turned to *Friends' Journal* again. Not being able to find the one of the previous week, (the 12th), I fell back on the 5th of the present month. In it there were only 23, of the list, whose ages were given. Of these 4 were between 6 and 9 years. Of the remaining 19, twelve were past 72, and of these one was 96, one 92, the others 90, 88, 87, 83, 80, 75, 74, 73, respectively. Their united ages 1,335.

Lest some might think I am prepossessed in favor of *Friends*, it may be well to say that I never have been a member of that Society, but during my whole life have lived among and mingled with them, and can speak with confidence, of their great temperance. Many of them could have given such testimony in relation to their "clearness" of the use of alcoholic drinks as was given in the recent reply of Dr. Michener. And here it just occurs to me, why should not Dr. Michener, if experience be worth anything, be a better judge of what is proper for old people than Dr. Wood? The former was an eminent practitioner before the latter was born. The late Professor Joseph Carson, many years ago, said of Dr. Michener, that "Dr. Ezra Michener was one of the best medical writers with whom he was acquainted." A more earnest, conscientious practitioner, and a more careful observer at the bedside of the sick, would be difficult to find. He has passed through old age. He has practiced his profession for fifteen years since he was seventy-five, and, in these latter years, especially with the aged, and knows full well that alcoholic drinks were not needed for himself, or for the aged people who confided themselves to his skill and knowledge. When he got a severe congestion of the lungs and pneumonia at the age of 87 years he did not resort to the health maintainer, alcohol; but was strong enough to bear the loss of a large amount (3xv.) of blood, and to convalesce without stimulants. How I wish that some of the eminent men to whom I have referred, Dr. Beadle among the others, could have had the benefit of his great skill and experience.

Dr. Wood has probably not reached his fiftieth year; how comes it then that he knows the conditions of old people? Dr. Michener has gone away beyond his "seventy-five years or less," and knows how strong and healthy a man may be at that age and even much beyond it. Now, in my eighty-first year, even my testimony ought to

have some weight—not so much as a professor's, of course, when I say that I go abroad every day, without regard to rain or cold, without fear of congestion of the lungs, that I eat well, sleep well, and use no alcohol in any form.

The belief that alcoholic liquors are never needed for persons in health—and are seldom, if ever, necessary in disease—is not a new one. Numerous medical teachers long since testified against their use. The eloquent and enthusiastic Professor Chapman, of the University of Pennsylvania, affirmed "that the evils of using them are so great, that the emptying of Pandora's box was but the type of what had been experienced by the diffusion of these liquors among the human species." I have great respect for Professor Wood, but an abhorrence for all utterances which have a tendency to promote the use of alcoholic drinks in any form. HIRAM CORSON, M. D.

Conshohocken, Pa.

NEWS AND MISCELLANY.

Is Deafness Hereditary?

Dr. R. Mathison, Superintendent of the Ontario Institution for the Deaf and Dumb at Belleville, writes to the *Toronto Mail* a long letter, in the course of which he says: "In Professor Alexander Graham Bell's paper transmitted to the United States Congress upon the formation of a deaf mute variety of the human race, a synopsis of which appeared in your columns a few days ago, he says: 'While we cannot at present arrive at any percentage, it is certain that the proportion of deaf mute offspring born to deaf mutes is many times greater than the proportion born to the people at large.' As far as Ontario is concerned, Mr. Bell is very much astray in his theoretical conclusions. In the Provincial Institution for the Education and Instruction of the Deaf and Dumb, at Belleville, under my charge, there are the histories of 661 mute children, who are now or have been pupils since its establishment. I am acquainted with the parents of about 300 of the children, and have made inquiries during the last five years concerning many of the others. Up to this time I have been unable to find that any of the parents were or are deaf or dumb. A few of the grandparents, however, were mutes. A considerable number of deaf and dumb persons in the province are intermarried and have children, and in every case that has come to my knowledge the children can hear and speak. There may possibly be a few instances of hereditary deafness in the province that have not been reported, but they are so very few in proportion to the number of deaf and dumb persons, and form such a small fraction of the population, that an evolution of a distinct race of mutes need never be feared. Of the 661 above noted, 262 were born deaf, the others lost their hearing by fevers, measles, colds, etc."

A Wonderful Memory.

L. F. Gordon relates the following anecdote (*Druggist's Journal*, February, 1885,) of the late Dr. Addison Alexander, of the Theological Semi-

nary at Princeton, which well illustrates the remarkable power of memory possessed by him :

On one occasion a large class of forty or fifty were to be matriculated in the seminary in the presence of the Faculty. The professors and the new students being all assembled in a large hall, each student in turn presented himself before the professors, had his credentials examined by them, and if the same proved satisfactory, entered his name in full and his residence in the register. When the matriculation was complete and the students had retired, there was some bantering among the professors as to which of them should take the register home and prepare from it an alphabetical roll—a work always considered rather tedious and irksome. After a little hesitation, Dr. Alexander said : “There is no need of taking the register home, I will make the roll for you,” and taking a sheet of paper, at once from memory, without referring to the register, and merely from having heard the names as they were recorded, he proceeded to make out the roll, giving the names in full, and giving them in their alphabetical order. This was a prodigious feat of pure memory ; for in order to make the alphabetical arrangement in his mind, before committing it to paper, he must have had the entire mass of names present in his mind by a single act of the will.

A Sad Instance of Brutality.

Nurses are only human beings, and are oftentimes very much tried, but we can offer no excuse for the following which is stated by a correspondent of the *British Medical Journal* to have occurred in the hospital at Necker : A patient, aged 48, had been for some months under treatment for a disease of the heart. When in bed he suffered such agonizing pain, that the medical officer ordered that he should sit in a chair instead of going to bed. The male nurse who attended to him wished to force him to leave his chair and go to bed ; the sufferer reminded him of the direction given ; but the nurse was so persistent, that his victim cried out, “Do you want to kill me ? I shall not go to bed.” A brutal answer was given, and, with the aid of another nurse, the patient was forced to lie down in his bed. The nurses left the ward, and, two hours later, found him dead in his bed. The nurses notified his death without mentioning any of the circumstances attending it, but the other patients in the ward made them known to the physician when he went his rounds. Both nurses have been arrested, and will be tried for manslaughter.

The Risks of Sword-Swallowing.

This exceedingly dangerous trick, or performance, of jugglers, had recently a most disastrous termination in England. The *London Med. Press*, February 4, 1885, says that there died at the Newington Infirmary a few days ago a man whose trade it was to perform feats of jugglery, among which was included the sword-swallowing trick. He had, two days before admission to the infirmary, attempted to perform the customary trick, when he was attacked with severe pain and vomiting of blood, attended with great difficulty in

breathing and swallowing. After being submitted to treatment in the infirmary, no improvement took place in his condition, and he died a few days after the accident. This unfortunate victim to sensationalism adds one more to the long list of those whose end is precipitated by attempts to gratify the public taste for morbid kinds of entertainment ; and, preach as we may, it is certain that such exhibitions as sword-swallowing, leaping from great heights into nets, turning somersaults in mid-air, and trapeze exercises under circumstances of imminent danger, will be insisted on by the uneducated thousands who make up the classes on whom music-hall proprietors depend for an income. Nor is it merely the lower orders who supply the audiences ready to applaud each fresh risk incurred by “sensation artistes ;” many of their number occupy a much higher rank in social life ; but it cannot be concealed that it is the intellectual equality such people exhibit with the half-savage rough of the Casino that is mainly answerable for the unseemly association of the two classes in pursuit of amusement.

The Chloroform Habit.

It seems that one of the curses with which human nature has been afflicted is a desire for some form of intoxicant. In the *Brit. Med. Jour.*, (Feb'y 7, 1885,) we read that inebriety is by no means confined to alcohol. Though in England inebriety from opium and either has attracted comparatively little attention, the habit induced by these and other narcotics has been described by observers in other countries. The latest development of excess comes from the United States, in the shape of a record of several cases of addiction to chloroform. In one instance, the *habitué*, a very abstemious physician so far as alcohol was concerned, accidentally experienced the pleasurable sensations of intoxication from this agent, and gradually lapsed into confirmed nightly inhalation of chloroform, extending over three years. By this time, his regular dose was three drachms. Change of scene and of circumstances caused a break in the habit ; but the presence of chloroform brought about a relapse. Shortly afterwards, a struggle for emancipation from the slavery to chloroform was begun, which, after extending over two years, was finally successful.

A Chemical Analysis of Food.

The report of a chemical analysis of pieces of bologna sausage, submitted to him by Health Officer Veale, of this city, has been prepared by Professor Leffmann, and turned over to the department. The report was made with reference to cases of poisoning resulting from the eating of the sausage which it was believed had become so stale as to promote the formation of alkaloids. It says : “Such cases are not uncommon, and, while as yet not clearly elucidated, there seems to be no doubt that in such complex articles of food a decay takes place somewhat different from ordinary putrefaction, during which alkaloids analogous to strychnia and atropia are formed. To these bodies the poison is due. I have examined a number of

specimens of sausage, cream puffs, and roast meat, which had caused marked symptoms of poisoning, in all of which no metallic poison or parasite could be found. I have no doubt that the explanation given above is applicable to the present case."

The analysis was made because of reports of several cases where illness had resulted from eating smoked sausage.

Dr. Klein on the Cholera Bacillus.

During the present excitement over Dr. Koch's reports on the cholera bacillus, it is well, in order that undue enthusiasm may not run away with our judgment, to note that at a recent meeting of the Royal Society of London (*Lancet*, February 7, 1885), Dr. Klein read a paper on the Relation of Bacteria to Asiatic Cholera, and showed clearly that the "comma bacillus" of Koch does not behave differently in cultivation from the similarly-shaped organisms found by Lewis in the mouth, and by Deneke in cheese. On many other points, *e. g.*, as to the presence of the organisms in the intestinal mucosa, the action of acids upon their development, etc., Dr. Klein has arrived at results entirely opposed to those of Koch; and he explains some of these divergences by the difference in time at which the post-mortem examinations have been made. The English Commission made the examinations as early as possible after death, and found that the "comma bacilli" increased in number *pari passu* with the length of time that elapsed between death and the examination.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended February 21, 1885.

Battle, K. P., assistant surgeon. To proceed to Pittsburgh, Pa., for temporary duty. February 19, 1885.

RESIGNATION.

Heath, W. H., passed assistant surgeon. Resignation accepted, as tendered, by the Secretary of the Treasury, February 14, 1885.

PROMOTION.

Kalloch, B. C., assistant surgeon. Promoted and appointed passed assistant surgeon by the Secretary of the Treasury from March 1, 1885, February 19, 1885.

Northern Medical Association.

The Northern Medical Association of Philadelphia was organized in 1847; disbanded in 1883; re-organized December 12, 1884. The following are the officers for 1885:

President—Dr. Philip Leidy.
Vice President—Dr. H. C. Paist.
Recording Secretary—Dr. Joseph S. Gibb.
Corresponding Secretary—Dr. J. Henry Smultz.
Treasurer—Dr. John T. Walker.
Censors—Drs. Henry W. Rihl, Silas Updegrave, Robert J. Hess, Charles P. Stout.

Apparent Death.

The *Weekly Medical Review* (February 21, 1885), says that the Paris correspondent of the Jour.

Amer. Med. Association narrates an incident of Dr. Canepa, who, in the cholera epidemic at Genoa was supposed to be dead. The preliminary funeral ceremonies were performed, but when the undertaker took the coffin to the door he was met by the "corpse" with the inquiry why he was left so long without his tea and rum. A consultation is said to have resulted in the hypodermic intravenous injection of salt solution. He died, but we trust the consultants did not refuse their confrere the privilege of his own simple remedy.

Items.

—M. Gavoy, of Paris, has invented an instrument for determining the degree of mobility of the brain in the cranium; he has shown it to the different scientific and medical bodies. It is termed a kinesiometer.

—In the *Medical Record* we read that dilute phosphoric acid is a pleasant acid in fevers, and dissolves phosphates in the urine quite as well as the other mineral acids. It is well given in lemonade or syrup of raspberries.

—Dr. Henry T. Helmbold, who has been more widely advertised than any other patent medicine man, proposes, now that he has been released from the Norristown Insane Asylum, to re-establish his business in New York city.

—A correspondent of the *Weekly Drug News* writes of a patient who wanted "some more of them pills, but would like them in some other form, as it was such a trouble to pick the shells off." He had been taking quinine in capsules.

—The *Centralblatt für die Medicinischen Wissenschaften* appears under new editorship. Professor Kronecker has been called to Bern, and Drs. M. Bernhardt and E. Salkowski now edit this journal, assisted by Dr. Senator, whose name still appears on the title-page.

—A new chair of Pharmacology has been established in the University of Königsberg, to which Professor Horst Meyer, of Dorpat, has been appointed. It has been formed by a division of the chair held by Professor Jaffe, who will continue to lecture on Hygiene and Medical Chemistry.

—Talleyrand, the Prime Minister of Napoleon, was disliked by Madame de Stael. It so happened that Talleyrand was lame, and Madame cross-eyed. Meeting one day, Madame said: "Monsieur, how is that poor leg?" Talleyrand quickly replied: "Crooked, as you see."

—In the *Russkaia Meditzina*, No. 36, 1884, p. 740, Dr. Sher, of Proskuroff, Podolsk government, used alum, 8 grains two or three times a day, in 31 soldiers with intermittent fever of fresh standing. In 21 cases cure followed. In the remaining 10 alum failed, and cure was subsequently obtained by quinine.

—To the Carlisle Medical Society (January 8, 1885), Dr. Douie showed an infant with congenital deformities. There was extreme talipes equinovarus on both sides, and also flexion of both wrists, with extension of the first phalanges, and flexion of the second and third phalanges.

—To the New York Obstetrical Society, Dr. Hanks reported, with regard to a case of punc-

ture of the gravid uterus in the performance of ovariectomy, followed by miscarriage after the patient's convalescence and discharge from the hospital, that he had lately delivered the patient of a well-developed child at term.

—The patient's gratitude to his doctor is part of his disease. It is most declared when the fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. The physician who is in the habit of letting his bills run to the end of the year, is furnished with frequent illustrations of this fact.

—Dr. F. Peirce states in the *Brit. Med. Jour.* that he had to open a mammary abscess. The organ was exquisitely painful. He injected twenty minims of a two per cent. solution of hydrochlorate of cocaine. In ten minutes the whole gland was anæsthetic, and he was able to make a free incision without causing any pain.

—Dr. G. L. Magruder, of Washington, D. C., reports in the *Am. Jour. of Obstetrics* successful results from the use of "chloride of gold and sodium" in pertussis. His formula was:

R. Auri et sodii chlorid., gr. ij.
Aq. destil., 3j.

with directions to give five drops every two hours, commencing as soon as possible.

—About six thousand persons are believed to have died during the cholera epidemic at Naples, Italy. The notoriously bad hygienic conditions there existing doubtless made the epidemic so fatal. Into many of the streets the sun never enters, so narrow are they, and the buildings so high. Many of the people live in cellars, thousands live huddled together, ten or fifteen in a single room, without distinction of sex, with the most miserable food.

—To cut short the paroxysm in whooping-cough, Prof. DaCosta recommends the inhalation of—

R. Sodii bromid., gr. xx.
Ext. belladonnæ fluidi, gtt. ij. M.

Sig.—The spray to be inhaled just prior to occurrence of the paroxysm.

In the interval, quinine should be pushed up to the point of tolerance.

—Dr. Mortimer Granville complains that a prescription of his for gout has been wrongly copied from a contemporary into the public journals, drachms being substituted for ounces, and that he has reason to believe that much harm is being occasioned thereby. Dr. Granville rightly observes that such proceeding is irregular, and we should imagine that any journal thus acting was intentionally playing into the hands of quacks.

—Dr. V. Poulain writes to the *Brit. Med. Jour.* that he has always found a tablespoonful of fine bran in bread and milk, night and morning, to be the best method of combating constipation in children, and it is very useful in conveying to the child silica and phosphates. The bran should be allowed to soak in the milk, and then, when warmed up to a little below boiling point, it should be poured on the bread.

—The sewerage scheme of Paris devised by Dumont contemplates the construction of a drain about 100 miles long from the city to a covered

reservoir below Herblay, and the establishment of pumping stations at Eragny and Serfontaine. The cost of construction is estimated at \$12,000,000. For nine months in the year almost all the sewage will be utilized for the purposes of irrigation; and it is expected that the pumping stations will be fully maintained by the sales of the sewage.

—Unquestionably there is a degree of eager, ceaseless absorption in exciting work, involving immense mental, moral and physical exertion, which is capable of breaking down the strongest and best constitution. * But unless my own experience is altogether exceptional, such instances are rare, and the vast majority of cases met with are those in which an amount of work and excitement entirely consistent with the maintenance of good health, if the laws of health were duly observed, is rendered destructive by reckless disregard of these laws.—*Dr. Pepper's Address before the Med. and Chir. Fac. of Med., 1884.*

—A curious question submitted by the Archbishop of Lyons to the Society of the Holy Inquisition, has just been decided by that body. It was to this effect, "Is craniotomy an operation which could receive the sanction of the church? or in other words, given a woman in child-birth who is found to be unable to bring forth, from causes derived from a peculiarity in her own formation or that of the child, and that it be evident that one life must be sacrificed for the other, which life should be spared?" The Society was unanimous in pronouncing in favor of that of the child.

OBITUARY NOTICE.

ELLERSLIE WALLACE, M. D.

Dr. Ellerslie Wallace, formerly Professor of Obstetrics and Demonstrator of Anatomy at Jefferson Medical College, died at his residence 1130 Spruce street, in this city, March 9. He had been in failing health for two years, but his condition had not been considered at all critical until two weeks ago.

Dr. Wallace was born in Philadelphia, June 15, 1819, and was of Scotch descent. He was educated at Bristol College, and graduated as a civil engineer. Later he began the study of medicine with his brother, Dr. Joshua Wallace, at that time Demonstrator of Anatomy at Jefferson College. In 1843 he received his diploma. A few years later he became resident physician of the Pennsylvania Hospital, and held the position three years. He left the hospital to take the chair of Demonstrator of Anatomy in Jefferson College, where he remained for sixteen years, and only resigned in 1862 to take the higher chair of Obstetrics and Diseases of Women and Children. This latter he resigned two years ago on account of ill health. Dr. Wallace had been elected successor of Professor Gross as dean of the college, and this he also resigned two months before his professorship. He was a prominent and active member of the Philadelphia County Medical Society and the College of Physicians. As a class lecturer he had few equals in the United States. His family consists of a wife and one son. The latter is a graduate of medicine.